

# CRB COMPLAINT EVALUATION FORM

Case Number: 08-011

Complainant Name: John Opp

## CASE SUMMARY

**Date of Incident:** October 4, 2008  
**Date of Complaint filed with IA:** Via CRB Fax dated October 28, 2008\*  
**Date of Complaint filed with CRB:** October 28, 2008

\* Note that IA reports that Mr. Opp first complained to their department on or about October 14, 2008 and an investigation was undertaken commencing that date and concluding October 16, 2008.

**Officer:** Sergeant Frank Blasberg      **Allegation:** Deficient Service

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Mr. Opp alleges that on or about October 3, 2008, his truck was struck by another vehicle. Mr. Opp was not present during the event and learned of the incident from neighbors after the fact. He noted damage to his vehicle and requested a copy of the relevant crash report. Mr. Opp noticed his vehicle was not part of the original crash report and thus he requested an additional investigation/report to be made. Apparently Sergeant Blasberg, who was not the author of the original crash report, responded and filed a supplemental crash report that concluded Mr. Opp's vehicle was not involved in the crash. Mr. Opp objects to this alleged deficient service rendered by Sergeant Blasberg as Mr. Opp claims his pictures and witnesses prove his vehicle sustained damages in the crash.

Mr. Opp had called IA on this matter prior to appearing in the CRB offices and filing this complaint. He was not satisfied with IA's response and rejected IA's findings and conclusions and wants to present his case to the Board. He alleges that since his vehicle is not mention in the crash reports, his insurer will not pay or consider his claim for damages.

IA has tendered the original crash report and a supplemental report authored by Sergeant Blasberg which take the position that Mr. Opp's vehicle was not involved in the incident. Said reports reference a CD ROM of pictures, which IA has provided to the CRB.

Executive Director Muffler attempted to set up mediation on this matter between Mr. Opp and the involved officer. Mr. Opp agreed to mediation, but the involved officer did not respond to the two (2) letters requesting mediation. Therefore, it is assumed that the officer rejects this alternative dispute resolution process and the complaint is ready for the Board to review.

This file consists of the following written/visual materials:

1. Original Complaint and its supporting documents and fax cover letter & confirmation sheet to KWPD;
2. IA's one page report and supporting crash reports it references;
3. Director's e-mail to IA requesting copy of CD ROM of pictures mentioned in crash report & IA Set of Pictures & Mr. Opp's set of pictures.(Pictures will be viewable by the Board at meeting via computer projector)
4. Notice Letters regarding mediation sent to the parties; &
5. Notice Letters to Complainant, IA and KWPD Involved Officers.

The CRB must determine if the complaint states any cause of unprofessional conduct by the subject officer given the nature of the complaint, the totality of the evidence presented by IA's report and crash reports, and Mr. Opp's pictures and allegations. The CRB should decide if it should commence its own investigation under the City Charter provision and/or defer to IA to continue its investigation into this matter and/or decide this matter with the evidence before the CRB.

1

# Transmission Report

Date/Time  
Local ID 1  
Local ID 2

10-28-2008  
3052939827

10:26:04 a.m.

Transmit Header Text  
Local Name 1 C.R.B.  
Local Name 2

This document : Confirmed  
(reduced sample and details below)

Document size : 8.5"x11"



Citizen Review Board

To: Chief Lee From: Stephen C. Muffler, Esquire  
Executive Director

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Fax: 809-1064 or 1068 Pages: 1 (including fax cover page)

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Phone: Date: October 28, 2008

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Re: CRB Complaint No. 08-011 CC: Det. Lt. David Smith  
John Opp Inspector Randy Smith

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☐ Urgent ☐ For Review ☐ Please Reply

☒ Please make multiple copies and circulate within your department to "oced" individuals

This is a revised fax memo to correct the previous one this date to accurately identify the CRB complaint number and the name of the complainant. Thank you for your assistance,

*Stephen C. Muffler, Esquire*  
Executive Director  
Attorney at Law  
City of Key West  
Citizen's Review Board  
P.O. Box 1946  
Key West, Florida 33041  
(305) 809-3887  
crb@keywestcity.com  
[www.keywestcity.com/department/index.asp?IDD=36-Q](http://www.keywestcity.com/department/index.asp?IDD=36-Q)

Total Pages Scanned : 1

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No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	540	305 293 8371	10:25:31 a.m. 10-28-2008	00:00:09	1/1	1	EC	HS	CP26400

## Abbreviations:

HS: Host send  
HR: Host receive  
WS: Waiting send

PL: Polled local  
PR: Polled remote  
MS: Mailbox save

MP: Mailbox print  
CP: Completed  
FA: Fail

TU: Terminated by user  
TS: Terminated by system  
RP: Report

G3: Group 3  
EC: Error Correct



## Citizen Review Board

To: Chief Lee

From: Stephen C. Muffler, Esquire  
Executive Director

Fax: 809-1064 or 1068

Pages: 1 (including fax cover page)

Phone:

Date: October 28, 2008

Re: CRB Complaint No. 08-011  
John Opp

CC: Det. Lt. David Smith  
Inspector Randy Smith

☐ Urgent      ☐ For Review      ☐ Please Reply

**X** Please make multiple copies and circulate within your department to "cced" individuals

This is a revised fax memo to correct the previous one this date to accurately identify the CRB complaint number and the name of the complaintent. Thank you for your assistance,

*Stephen C. Muffler, Esquire*

Executive Director  
Attorney at Law  
City of Key West  
Citizen's Review Board  
P.O. Box 1946  
Key West, Florida 33041  
(305) 809-3887  
crb@keywestcity.com  
[www.keywestcity.com/departments/index.asp?fDD=36-0](http://www.keywestcity.com/departments/index.asp?fDD=36-0)

# Citizen Review Board

#3 East Quay Road, Key West, FL 33040

PO Box 1946, Key West, FL 33041



(305) 809-3887 Fax (305) 293-9827

email: [crb@keywestcity.com](mailto:crb@keywestcity.com)

<http://www.keywestcity.com/department/board.asp?fDD=36-153>

- What you need to know before completing the attached complaint form:
- This complaint and any attachment become public record. If you have already filed a report with Key West Police Department Internal Affairs, and you want that complaint to remain confidential until the investigation is complete, you may want to refrain from filing at this time.
- Complaints should be filed within 90 days of the time you became aware of the incident or after resolution of any criminal charges.
- Anyone who has criminal charges pending related to this complaint should consult an attorney before filing the complaint with the CRB.
- Complainants must advise the CRB of any changes of address or phone number; failure to provide the CRB current information or means for CRB to contact the complainant may result in dismissal of the case.
- All documents received by this office, including medical records, photo IDs, communications and alike become public records and will be disclosed on the Internet and viewable by anyone or any person. You should consider this fact before sending any matters or materials to this office.
- The CRB and its employees and agents are not your legal representatives. You should seek independent legal representations to understand your legal rights regarding the matters referenced in your complaint.
- The CRB jurisdiction is limited to City of Key West Police Officers and NOT Monroe county sheriffs, correction officers, Florida Fish and Wildlife Officers, FDLE representatives, Florida Highway Patrol Officers, Federal Agents, Military personal and alike.

I have read and understand the information provided to me on this page.

   
\_\_\_\_\_  
Name/Nombre

10-28-08  
\_\_\_\_\_  
Date/Fecha

# COMPLAINT FORM

## Citizen Review Board

#3 east Quay Road, Key West, FL 33040

PO Box 1946, Key West, FL 33041

<http://www.keywestcity.com>

[email: crb@keywestcity.com](mailto:crb@keywestcity.com)

(305) 809-3887 Fax (305) 293-9827

Please provide as much information as you can about the incident(s). Use additional pages if necessary.

Suministre la mayor cantidad de información posible acerca del (de los) incidente(s). Utilice páginas adicionales si fuese necesario

### A. COMPLAINANT INFORMATION DATOS DEL DENUNCIANTE

Name: John E OPP Date of Birth: 2-3-79  
Nombre Fecha de nacimiento

Address: 1001 17st FI 33040  
(Dirección) Street (Ciudad) City (Estado) State (Código Postal) Zip

Mailing Address: 1001 17st Keywest 33040  
Dirección postal PO Box or Street, City, State and Zip

Work Address: \_\_\_\_\_  
(Dirección del trabajo)

Home Phone: (3) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cellular: (305) 394-0071  
Teléfono Particular Teléfono del Trabajo Celular

B. NATURE OF COMPLAINT: CIRCLE ALL THAT APPLY. Naturaleza de la denuncia: Circular le todas las que apliquen.  
Battery/Force Rudeness Deficient Svc Profanity Truthfulness Issue Driving False Arrest Traffic Violation Searches

### C. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT DATOS DEL (DE LOS) OFICIAL (ES) INVOLUCRADO(S) EN EL INCIDENTE

Name: Frank Blasberg Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: Tall 5'9 6ft. white - skiny -

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

Name: \_\_\_\_\_ Badge #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_  
Nombre Placa No: Patrulla No.

Please provide a physical description of officer:  
Describe la apariencia física del oficial: \_\_\_\_\_

**D. VICTIM/WITNESS INFORMATION**  
**DATOS DE LA VICTIMA/TESTIGO**

Did you witness the incident? Yes \_\_\_\_ No X  
¿Fue usted testigo del incidente denunciado? Si \_\_\_\_ No \_\_\_\_

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s):  
Si usted está presentando una denuncia en nombre de otra(s) persona(s), indique cuál es su relación, si la hay, con esa(s) persona(s):

Parent \_\_\_\_ Spouse \_\_\_\_ Relative \_\_\_\_ Guardian \_\_\_\_ Child \_\_\_\_ Friend \_\_\_\_ Other \_\_\_\_  
Padre/Madre \_\_\_\_ Conyuge \_\_\_\_ Familiar \_\_\_\_ Tutor \_\_\_\_ Hijo/a \_\_\_\_ Amigo/a \_\_\_\_ Otra \_\_\_\_

Please provide as much of the following information as you can about the person(s) on whose behalf the complaint is filed and any witness(es) to the incident:

Suministre la mayor cantidad posible de la información que se solicita a continuación, sobre la (las) persona(s) en nombre de la(s) cual(es) presenta la denuncia, y sobre el (los) testigo(s) del incidente:

**Victim/Witness #1**

**Victima/Testigo No. 1**

Is this person a: victim \_\_\_\_ witness \_\_\_\_

Esta persona es: víctima \_\_\_\_ testigo \_\_\_\_

Name: Justin Blanchard (witness to underlying Accident)  
Nombre  
Address: 1013 17 st City Key west State FL  
Dirección: Ciudad: Estado:  
Zip Code 33040 Contact numbers: Telephone \_\_\_\_ (Cell) 305 923-3532  
Código Postal Teléfono

**Victim/Witness #2**

**Victima/Testigo No. 2**

Is this person a: victim \_\_\_\_ witness \_\_\_\_

Esta persona es: víctima \_\_\_\_ testigo \_\_\_\_

Name: Bob Watson (witness to car damage)  
Nombre  
Address: 1001 17 st City Key west State FL  
Dirección: Ciudad: Estado:  
Zip Code 33040 Contact numbers: Telephone 292-4821 Cell \_\_\_\_  
Código Postal Teléfono

**Victim/Witness #3**

**Victima/Testigo No. 3**

Is this person a: victim \_\_\_\_ witness \_\_\_\_

Esta persona es: víctima \_\_\_\_ testigo \_\_\_\_

Name: Jake Riley witness to truck damage  
Nombre  
Address: 1009 17 st City Key west State FL  
Dirección: Ciudad: Estado:  
Zip Code 33040 Contact numbers: Telephone \_\_\_\_ Cell 294-4837  
Código Postal Teléfono



E. INFORMATION ABOUT THE INCIDENT  
INFORMACION ACERCA DEL INCIDENTE

Please provide as much information as possible, using additional pages if necessary.  
Suministre la mayor cantidad de informacion posible, utilizando páginas adicionales si fuese necesario.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Case # if applicable: \_\_\_\_\_  
Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ Lugar: \_\_\_\_\_ No. de Caso, si corresponde: \_\_\_\_\_

Fri Oct-3-08 I come home 6:00pm put tools in truck, bump was not smashed in. SAT Oct-4-08 I come home for Lunch my Landlord told me, my truck was hit and neighbor Van was hit. I Look at it. I went to open cab everything ever where CD out of dash 2"inch then I go to start truck nothing battey ~~side~~way, cable broken. so I call at 12:20pm they told me I have to meet with a office that work that night. So I went get cable for truck, started it up can not move it shifter jam. I call office Blasterberg come out around 7:00pm. I told him my truck was hit. He walk back to his car talk on the cell asking someone if my truck involed in a that crash Last night Frank walk back over to me and said -more-

Attach additional pages if necessary. Page number \_\_\_\_ of \_\_\_\_ pages of narrative

Are you being prosecuted for this incident or do you have a pending criminal case? Yes \_\_\_\_ No \_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No X

"I hereby certify that, to the best of my knowledge, and under the penalty of perjury, the statements made herein are true." I hereby acknowledge and understand that any documents, materials, medical records, e-mail and other communication delivered to the CRB office becomes public record and shall be viewable on the internet by anyone or any entity.

John E. OPP  
Signature of Complainant

10-25-08

Date signed

Complaint Received by: \_\_\_\_\_

Complaint Reviewed by: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Date complaint forwarded to Chief of Police: \_\_\_\_\_

(No your vehicle was not involved in the crash Last night that old damage.) I told him I come home Last night at 6pm I my bumper was smashed because I put tool in my truck I use the bumper to step into my truck. (No it impossible) The vehicle hit the van then did a 360 then in it up in the medding. and not behind your truck) what about all the glass and place My LandLord been picking up underneath my truck. Frank said (No the place floated in the water From Rain.) [My truck was 27 ft From the Van] I said no my bump was hit Last Night and Frank said (No that 6 month old theirs no way. The impact and the force of a vehicle going 30 mph hit the van in 10 lbs To Force. pushing it 3 ft. and on and on.) - I was so mad - Then (Frank ask me what I wanted him to do.) I said made a report. Frank said (Your making a big mistake) I said why you guys have the gay the hit the van. Frank said (your truck was not hit my that car.) I went in

the house and got my Landlord  
Bob. Bob went and ~~talk~~ to him.  
Bob said what going on? Frank  
said (John truck was not hit last  
night.) Bob so when was it then.  
(Awhile ago 4-6 month ago.) Bob  
said we just use his truck wed and  
bumper was not smash. Bob and  
Frank argued and I pick piece of  
glass and showed it to Frank. Then  
he said (I take pic's and add it  
to the ~~the~~ Report.) He told 5 pic's.  
then He Left.

I have attached defective crash report.

I have attached some pic's of  
truck damage.

# FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

188 702-2402

770-952-0200

Time & Location	DATE OF CRASH	10	04	08	TIME OF CRASH	12:46	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	TIME OFFICER NOTIFIED	12:46	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	TIME OFFICER ARRIVED	12:49	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	INVEST. AGENCY REPORT NUMBER	08-400904	HSMV CRASH REPORT NUMBER	76068730																																																								
	COUNTY / CITY CODE	38	42		FEET or MILE(S)				N S E W					CITY OR TOWN	Key West	(Check if in City or Town)	<input checked="" type="checkbox"/>	COUNTY	Monroe																																																									
	AT NODE NO.				FEET or MILE(S)				FROM NODE NO.		NEXT NODE NO.		NO. OF LANES	1	1. DIVIDED	ON STREET, ROAD OR HIGHWAY																																																												
Vehicle	DRIVER ACTION	1. Phantom	2. Hit & Run	3. N/A	YEAR	98	MAKE	Ford	TYPE	01	USE	01	VEH. LICENSE NUMBER	J882NG	STATE	FL	VEHICLE IDENTIFICATION NUMBER	3FAKP1139WR231898	18 Undercarriage	19 Overturn	20 Windshield	21 Trailer																																																						
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE														SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	2																																																								
	VEHICLE TRAVELING	<input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	ON	AT	Est. MPH	30	Posted Speed	25	EST. VEHICLE DAMAGE	\$500	1. Disabling	2. Functional	3. No Damage	1	EST. TRAILER DAMAGE																																																										
Pedestrian	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	-- Geico --										POLICY NUMBER	0535843403	VEHICLE REMOVED BY:	Tow Truck	1. Tow Rotation List	3. Driver	1																																																										
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	<input checked="" type="checkbox"/>	CURRENT ADDRESS (Number and Street)											CITY AND STATE	Key West, FL	ZIP CODE																																																												
	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)											CITY AND STATE	Key West, FL	ZIP CODE																																																												
Vehicle	NAME OF MOTOR CARRIER (Commercial Vehicle Only)											CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																																																														
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	RICHARD DANIEL LEWIS										CURRENT ADDRESS (Number and Street)	3722 CINDY AVE	CITY & STATE / ZIP CODE	Key West, FL 33040	DATE OF BIRTH																																																												
	DRIVER LICENSE NUMBER											STATE	FL	DL TYPE	5	REQ. END.	3	ALC/DRUG TEST TYPE	1 Blood 3 Urine 5 None	2 Breath 4 Refused	5	RESULTS		ALC/DRUG	5	PHYS. DEF.	1	RES.	1	RACE	1	SEX	1	INJ.	1	S. EQUIP.	2	EJECT.	1																																					
Pedestrian	HAZARDOUS MATERIALS BEING TRANSPORTED	1 YES 2 NO	2	PLACARDED	1 YES 2 NO	2	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	1 YES 2 NO	2	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	2	DRIVER'S PHONE NO.	( )																																																													
	DRIVER ACTION	1. Phantom	2. Hit & Run	3. N/A	YEAR	05	MAKE	Ford	TYPE	02	USE	01	VEH. LICENSE NUMBER	I16MQR	STATE	FL	VEHICLE IDENTIFICATION NUMBER	1FTRE14W35HA89519	18 Undercarriage	19 Overturn	20 Windshield	21 Trailer																																																						
	TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE														SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	11																																																								
Vehicle	VEHICLE TRAVELING	<input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W	ON	AT	Est. MPH	0	Posted Speed	25	EST. VEHICLE DAMAGE	\$500	1. Disabling	2. Functional	3. No Damage	2	EST. TRAILER DAMAGE																																																										
	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	Assurance Company										POLICY NUMBER	SCP02541854	VEHICLE REMOVED BY:	Owner	1. Tow Rotation List	3. Driver	4																																																										
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	<input type="checkbox"/>	CURRENT ADDRESS (Number and Street)	WAYNE E RILEY										CITY AND STATE	Key West, FL	ZIP CODE	33040																																																											
Pedestrian	NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)											CITY AND STATE	Key West, FL	ZIP CODE																																																												
	NAME OF MOTOR CARRIER (Commercial Vehicle Only)											CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																																																														
	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	Legally Parked										CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																																																												
Vehicle	DRIVER LICENSE NUMBER											STATE	FL	DL TYPE		REQ. END.		ALC/DRUG TEST TYPE	1 Blood 3 Urine 5 None	2 Breath 4 Refused		RESULTS		ALC/DRUG		PHYS. DEF.		RES.		RACE		SEX		INJ.		S. EQUIP.		EJECT.																																						
	HAZARDOUS MATERIALS BEING TRANSPORTED	1 YES 2 NO	2	PLACARDED	1 YES 2 NO	2	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?	1 YES 2 NO	2	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	2	DRIVER'S PHONE NO.	( )																																																													
	VEHICLE TYPE	01 Automobile										VEHICLE USE	01 Private Transportation										TRAILER TYPE	01 Single Semi Trailer										RESIDENCE (Driver / Ped)	1 County of Crash										PHYSICAL DEFECTS	1 No Defects Known										ALCOHOL / DRUG USE	1 Not Drinking or Using Drugs										LOCATION IN VEHICLE	1 Front Left								
Code Information	02 Van										02 Commercial Passengers										02 Tandem Semi Trailer										2 Elsewhere in State										2 Eyesight Defect										2 Alcohol - Under Influence										2 Front Center															
	03 Light Truck - P/U - 2 or 4 rear tires										03 Commercial Cargo										03 Tank Trailer										3 Non-Resident of State										3 Fatigue / Asleep										3 Drugs - Under Influence										3 Rear Right															
	04 Medium Truck - 4 rear tires										04 Public Transportation										04 Saddle Mount / Flatbed										4 Foreign - 5 Unknown										4 Hearing Defect										4 Alcohol & Drugs - Under Influence										4 Rear Left															
05 Heavy Truck - 2 or more rear axles										05 Public School Bus										05 Boat Trailer																				5 Itness										5 Had Been Drinking										5 Rear Center																
06 Truck Tractor (Cab-Booth)										06 Private School Bus										06 Utility Trailer																				6 Seizure, Epilepsy, Blackout										6 Pending Alcohol/Drug Test Results										6 Bus Passenger																
07 Motor Home (RV)										07 Ambulance										07 House Trailer																				7 Other Physical Defect																				7 In Body Of Truck																
08 Bus (driver + seats for 9-15)										08 Law Enforcement										08 Pole Trailer																																								8 Bus Passenger																
09 Bus (driver + seats for over 15)										09 Fire / Rescue										09 Towed Vehicle																																								9 Other																
10 Bicycle										10 Military										10 Auto Transport																																								1 No																
11 Motorcycle										11 Other Government										77 Other																																								2 Yes																
12 Moped										12 Dump																																																		3 Partial																
13 All Terrain Vehicle										13 Concrete Mixer																																																																		
14 Train										14 Garbage or Refuse																																																																		
15 Low Speed Vehicle										15 Cargo Van																																																																		
77 Other										77 Other																																																																		

DRIVER ACTION		1. Phantom	2. Hit & Run	3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer									
TRAILER OR TOWED VEHICLE INFORMATION												15 16 17 18 19 20 21									
VEHICLE TRAVELING												15 16 17 18 19 20 21									
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)												POLICY NUMBER									
NAME OF VEHICLE OWNER (Check Box If Same As Driver)												CITY AND STATE									
NAME OF OWNER (Trailer or Towed Vehicle)												CITY AND STATE									
NAME OF MOTOR CARRIER (Commercial Vehicle Only)												CITY, STATE / ZIP CODE									
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN												CITY & STATE / ZIP CODE									
DRIVER LICENSE NUMBER												DATE OF BIRTH									
HAZARDOUS MATERIALS BEING TRANSPORTED												1 YES 2 NO									
PROPERTY DAMAGED - OTHER THAN VEHICLES												EST. AMOUNT									
PROPERTY DAMAGED - OTHER THAN VEHICLES												EST. AMOUNT									
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN												VEHICLE DEFECT									
VEHICLE MOVEMENT												VEHICLE SPECIAL FUNCTIONS									
PEDESTRIAN ACTION												LOCATION TYPE									
ROAD SYSTEM IDENTIFIER												LIGHTING CONDITION									
ROAD SURFACE CONDITION												WEATHER									
ROAD SURFACE TYPE												TRAFFICWAY CHARACTER									
ROAD CONDITIONS AT TIME OF CRASH												VISION OBSTRUCTED									
TRAFFIC CONTROL												SITE LOCATION									
TYPE SHOULDER												CITATION NUMBER									
CITATION NUMBER												CITATION NUMBER									
CITATION NUMBER												CITATION NUMBER									
CITATION NUMBER												CITATION NUMBER									

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
Violator(s)	1	Richard Lewis	316.1925(1)	Careless Driving	0069-EVB
	1	Richard Lewis	316.061(1)	Crash- Leaving the scene w/o giving information	0068-EVB

# NARRATIVE / DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

Time EMS Notified (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	Time EMS Arrived (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 10 / 04 / 08	COUNTY / CITY CODE 38 / 42	INVEST. AGENCY REPORT NUMBER 08-400904	HSMV CRASH REPORT NUMBER 76068730
--	---	-------------------------------	-------------------------------	---	--------------------------------------

(NARRATIVE)

V1 was traveling northbound on 17th Street. V2 was legally parked on the 1000 block of 17th Street. V1 hit the curb on the left side of the street, traveled to the right side of the street and collided with V2. V1 spun and collided with V2 a second time. D1 of V1 exited the vehicle and fled the scene. D1 of V1 later returned to the scene where he attempted to flee upon our arrival, but the witness to the crash held D1 until we were able to detain him. D1 was issued two citations, Careless Driving and Crash- Leaving the scene without leaving information with property damage. There were no injuries. I checked other vehicles for damage, but did not find anything which indicated new damage relating to V1 on any vehicles in the area.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	-	-	-	-	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	-	-	-	-	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	-	-	-	-	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	-	-	-	-	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	-	-	-	-	INJ	S. EQUIP	EJECT
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	-	-	-	-	INJ	S. EQUIP	EJECT

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
Justin Blanchard	1013 17th Street	Key West, FL	33040	305-923-3532			

FIRST AID GIVEN BY - NAME	1 Physician or Nurse 2 Paramedic or EMT 3 Police Officer 4 Certified 1st Aider 5 Other	INJURED TAKEN TO	BY-NAME

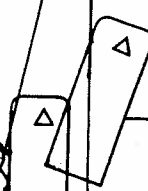
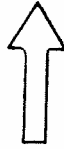
WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No <input checked="" type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE? 1 Yes 2 No <input checked="" type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT 1 0 0 4 / 0 8	PHOTOS TAKEN 1 Yes 2 No <input checked="" type="checkbox"/>	IF YES, BY WHOM? 1 INVESTIGATING AGENCY 2 OTHER <input type="checkbox"/>
---	--------------------	---	------------------	---------------------------------	--	---

INVESTIGATOR - RANK & SIGNATURE <i>W. L. OF N. REVOREDO</i>	ID / BADGE NUMBER 2962/P82	DEPARTMENT Key West Police Department	FHP SO PD OTHER <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
--	-------------------------------	--	---



NORTHSIDE DR

INDICATE NORTH  
WITH ARROW



FINAL REST V1

FINAL REST V2

V2

AREA of Third Impact

AREA of Second Impact

AREA of first Impact

17th Street

V1



# Key West Police Department Witness List



INCIDENT NATURE: S3N

CASE NUMBER: 08-400904

OCCURRED: Day: FRIDAY

Date: 10-04-08

Time: 0047

CODES:

S = Subject of Complaint

C = Complainant

W = Witness

O = Other

D1 ADDRESS	Name: <u>RICHARD DANIEL LEWIS</u>	Age:	DOB: <u>02-14-90</u>	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>3722 CINDY AVE</u>				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				Phone #

OWN OF V2 ADDRESS	Name: <u>WAYNE RILEY</u>	Age:	DOB:	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>1009 17<sup>th</sup> ST</u>				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				Phone #

W ADDRESS	Name: <u>JUSTIN BLANCHARD</u>	Age:	DOB:	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>1013 17<sup>th</sup> STREET</u>				Phone # <u>305-923-3532</u>
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				Phone #

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				Phone #

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				Phone #

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				Phone #

INVESTIGATOR: Rank: Ofc Name: N REVOREDO

ID# 2962

SIGNATURE: [Signature]

Date: 10-04-08



☒ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NBSL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0800

DO NOT WRITE IN THIS SPACE

DATE OF CRASH		COUNTY / CITY CODE		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER																													
1 0 0 4 0 8		38 / 42		08-400904		76068730																													
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	3	YEAR	85	MAKE	CHEV	TYPE	03	USE	01	VEH. LICENSE NUMBER	G060KF	STATE	FL	VEHICLE IDENTIFICATION NUMBER	2GCCC14H9F1174348	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer																			
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE												SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS																			
VEHICLE TRAVELING N S E W		ON		AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		3		EST. TRAILER DAMAGE																			
<input checked="" type="checkbox"/> LEGALLY PARKED 17TH ST						0		25		\$0																									
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)										POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other																			
PROGRESSIVE										144424-4		LEFT @ SCENE																							
NAME OF VEHICLE OWNER (Check Box if Same As Driver)										CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																					
JOHN E OPP										1001 17TH STREET KEY WEST FL		330404234																							
NAME OF OWNER (Trailer or Towed Vehicle)										CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																					
NAME OF MOTOR CARRIER (Commercial Vehicle Only)										CURRENT ADDRESS (Number and Street)		CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																					
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN										CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																					
DRIVER LICENSE NUMBER										STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS		ALC/DRUG		PHYS. DEF.		RES.		RACE		SEX		INJ.		S. EQUIP.		EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED										PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.																	
1 YES 2 NO										2		1 YES 2 NO		2		1 YES 2 NO		2		1 YES 2 NO															
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		STATE		VEHICLE IDENTIFICATION NUMBER		18 Undercarriage 19 Overturn 20 Windshield 21 Trailer																			
TRAILER OR TOWED VEHICLE INFORMATION				MAKE		TRAILER TYPE										SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREAS																			
VEHICLE TRAVELING N S E W		ON		AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage				EST. TRAILER DAMAGE																			
<input type="checkbox"/> LEGALLY PARKED 17TH ST																																			
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)										POLICY NUMBER		VEHICLE REMOVED BY:		1. Tow Rotation List 2. Tow Owner's Request		3. Driver 4. Other																			
NAME OF VEHICLE OWNER (Check Box if Same As Driver)										CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																					
NAME OF OWNER (Trailer or Towed Vehicle)										CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																					
NAME OF MOTOR CARRIER (Commercial Vehicle Only)										CURRENT ADDRESS (Number and Street)		CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																					
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN										CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																					
DRIVER LICENSE NUMBER										STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS		ALC/DRUG		PHYS. DEF.		RES.		RACE		SEX		INJ.		S. EQUIP.		EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED										PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.																	
1 YES 2 NO														1 YES 2 NO				1 YES 2 NO																	
PROPERTY DAMAGED - OTHER THAN VEHICLES										EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP															
PROPERTY DAMAGED - OTHER THAN VEHICLES										EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP															
PROPERTY DAMAGED - OTHER THAN VEHICLES										EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP															
PROPERTY DAMAGED - OTHER THAN VEHICLES										EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE		ZIP															
WITNESS NAME (1)										CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE													
WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No										1		IF NO, THEN WHERE?		INVESTIGATION COMPLETE? 1 Yes 2 No		1		IF NO, THEN WHY?		DATE OF REPORT		PHOTOS TAKEN 1 Yes 2 No		1		IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER		1							
INVESTIGATOR - RANK & SIGNATURE										ID/BADGE NUMBER		1598/S-26		DEPARTMENT		KEY WEST POLICE DEPT		FHP SO PD OTHER																	





# KEY WEST POLICY DEPARTMENT

Key West, FL

# PROPERTY RECEIPT

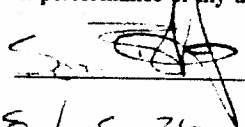
Check ONLY ONE:	<input type="radio"/> Trial Evidence	<input checked="" type="radio"/> Lab Evidence	<input type="radio"/> Found Property
<input type="radio"/> Prisoner Property	<input type="radio"/> Safekeeping (Return)	<input type="radio"/> Stolen/Recovered	<input type="radio"/> For Destruction

CASE NUMBER: CE-46664	DATE/TIME IMPOUNDED: 10/4/08 @ 1923	
EXACT ADDRESS WHERE PROPERTY WAS IMPOUNDED: 1172 S. K.W.F.C.	TYPE OF CASE: CRASH	
<input type="radio"/> Felony		<input type="radio"/> Misdemeanor
CODES:	S = SUSPECT   A = ARRESTEE   V = VICTIM   O = OWNER   R = REPORTING PERSON	

CODE	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	DOB	ADDRESS	PHONE
O	KWPD	/	/	/	1604 N. ROBERT	323 889 1000

ITEM #	QUANTITY/WEIGHT/COUNT	DESCRIPTION (including identifying marks, serial number, color, etc.)
I	1	CD w/ Photos

HOLD REQUESTED - REQUESTING PERSON/PURPOSE:		FORFEITURE/SEIZED?	NCIC CHECK?
<input checked="" type="radio"/> YES   Investigation <input type="radio"/> NO		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt. (Please read the information on the back of this sheet for an explanation of your rights according to law.)		I hereby acknowledge that the above represents all property impounded by me in the official performance of my duty as a Key West Police Officer.	
Signature (x):		Impounding Officer (x) 	
		Employee ID# 1598 / S-26	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	

WHITE COPY - Person surrendering property

YELLOW COPY - Property Division

PINK COPY - Records

BLUE COPY - Officer's Copy

2



William A. Mauldin  
Chief of Police

Non-Emergency  
305-809-1111

Chief's Office  
305-809-1042

Administration  
305-809-1085

Special Services  
305-809-1083

Records  
305-809-1073

Property-Evidence  
305-809-1061

Professional  
Standards  
305-809-1035

Community Affairs  
305-809-1008

Public Information  
305-809-1058

Detectives  
305-809-1015

Patrol Division  
305-809-1013

# Key West Police Department

*Respect Integrity Fairness*

## FAX COVER SHEET - Office of Internal Affairs (305) 809-1081

From Fax Number: (305) 809-1064

To Fax Number:

305-293-9827

Date:

12-15-08

Sent To:

CRB

Attention:

STEPHEN MUFFLER

From:

RANDY SMITH

Reference:

OPP FILE

Number of Pages: 15 INCLUDING COVER

Message:

**\*\*This fax may contain information that is confidential and is intended for the recipient specified. If you have received this fax in error, please return to (305) 809-1064 and delete from your files.**



1604 N. Roosevelt Blvd.  
wmauldin@keywestcity.com



Key West, Florida 33040  
www.keywestcity.com

**Donald J. Lee, Jr.**

**Chief of Police**



**Key West**

**POLICE DEPARTMENT**

**TO:** File

**FROM:** Inspector Randy Smith, Office of Internal Affairs *RS*

**DATE:** October 16, 2008

**RE:** John Opp Crash Complaint

On October 14, 2008 I received a call in complaint regarding a traffic crash which occurred on October 04, 2008. John Opp (Complainant) stated he felt the crash report had inaccuracy within it. He explained during the crash in question his truck was struck, but this was not reflected in the report. I explained to him I would review the report and get back to him. I reviewed the crash reports (08-400904) which consisted of an initial crash report written by Ofc. Revoredo and a supplement written by Sgt. Blasberg. These reports both reflected that Opp's vehicle was not involved in the crash and Sgt. Blasberg's goes into detail describing how he was able to determine almost twenty four hours later, how the physical evidence showed it was not involved. Sgt. Blasberg was Traffic Supervisor for approximately two years before going to the road as a supervisor. Sgt. Blasberg is recognized as an expert in crash reconstruction and traffic homicide investigation.

I also pulled the photographs taken as evidence from the night of the crash and reviewed the skid marks. I could not see anyway Opp's vehicle could have been struck based on the skid marks and the track of the vehicle. I attempted to contact Opp's witness Justin Blanchard and received no return call. I spoke with Ofc. Revoredo and he indicated that Blanchard never made any statement to him about Opp's vehicle being struck, although he did speak about other vehicles being struck.

As a final step I took all the evidence to Officer Kevin O'Connell who is also an expert in traffic crash reconstruction and traffic homicide investigation. Ofc. O'Connell did in independent review with all the evidence presented and told me there was no way Opp's vehicle was involved in the crash and received the damages stated.

On the evening of October 15, 2008 I spoke with Opp and explained KWPD position and that we would not change the crash report and the matter was now closed. Opp stated he was going to explore other avenues to resolve the issue.

**Note:** As of December 09, 2008 I have not received a return call from Opp or Blanchard regarding this case.



**RESPECT - INTEGRITY - FAIRNESS**

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111  
[www.keywestcity.com](http://www.keywestcity.com)



## FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0537

DO NOT WRITE IN THIS SPACE

Time & Location		DATE OF CRASH		TIME OF CRASH		TIME OFFICER NOTIFIED		TIME OFFICER ARRIVED		INVEST. AGENCY REPORT NUMBER		HSMV CRASH REPORT NUMBER																							
		10 04 08		12:46 AM		12:46 AM		12:49 AM		08-400904		76068730																							
		COUNTY / CITY CODE		FEET or MILE(S)		N S E W		CITY OR TOWN		(Check if in City or Town)		COUNTY																							
		38 42						Key West				Monroe																							
		AT NODE NO.		FEET or MILE(S)		FROM NODE NO.		NEXT NODE NO.		NO. OF LANES		ON STREET, ROAD OR HIGHWAY																							
										1		17th Street																							
		AT THE INTERSECTION OF		FEET or MILE(S)		N S E W		FROM INTERSECTION OF																											
		(street, road or highway)		100				(street, road or highway)				Northside Drive																							
		DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		STATE		VEHICLE IDENTIFICATION NUMBER																			
		1. Phantom 2. Hit & Run 3. N/A		2 98		Ford		01 01				J882NG		FL		3FAKP1139WR231898																			
		TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE																													
		VEHICLE TRAVELING		ON		AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE																			
		N S E W		17th Street				30		25		\$500		1		2																			
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:								1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other		1																			
		Geico		0535843403		Tow Truck																													
		NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																											
		NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																											
		NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																											
		NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																											
		RICHARD DANIEL LEWIS		3722 CINDY AVE		Key West, FL 33040		02-14-90																											
		DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS		ALC/DRUG		PHYS. DEF.		RES.		RACE		SEX		INJ.		S. EQUIP.		EJECT.							
				FL		5		3		1 Blood 3 Urine 5 None 2 Breath 4 Refused		5		5		1		1		1		1		1		2		1							
		HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE.		DRIVER'S PHONE NO.																							
		1 YES 2 NO		2		2		2		2		( )																							
		DRIVER ACTION		YEAR		MAKE		TYPE		USE		VEH. LICENSE NUMBER		STATE		VEHICLE IDENTIFICATION NUMBER																			
		1. Phantom 2. Hit & Run 3. N/A		3 05		Ford		02 01				I16MQR		FL		1FTRE14W35HA89519																			
		TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE																													
		VEHICLE TRAVELING		ON		AT		Est. MPH		Posted Speed		EST. VEHICLE DAMAGE		1. Disabling 2. Functional 3. No Damage		EST. TRAILER DAMAGE																			
		N S E W		Legally parked 1009 17th St				0		25		\$500		2		11																			
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:								1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other		4																			
		Assurance Company		SCP02541854		Owner																													
		NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																											
		WAYNE E RILEY		1009 17TH ST		Key West, FL		33040																											
		NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE																											
		NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS																											
		NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH																											
		Legally Parked																																	
		DRIVER LICENSE NUMBER		STATE		DL TYPE		REQ. END.		ALC/DRUG TEST TYPE		RESULTS		ALC/DRUG		PHYS. DEF.		RES.		RACE		SEX		INJ.		S. EQUIP.		EJECT.							
										1 Blood 3 Urine 5 None 2 Breath 4 Refused																									
		HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE.		DRIVER'S PHONE NO.																							
		1 YES 2 NO		2		2		2		2		( )																							
		VEHICLE TYPE		VEHICLE USE		TRAILER TYPE		RESIDENCE (Driver / Ped.)		PHYSICAL DEFECTS		ALCOHOL / DRUG USE		LOCATION IN VEHICLE																					
		01 Automobile 02 Van 03 Light Truck - P.U.-2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Booth) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other		01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other		01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other		1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign - 5 Unknown DL TYPE 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper-Res 7 Other RACE 1 White 2 Black 3 Hispanic 4 Other REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required SEX 1 Male 2 Female		1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality		1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending Alcohol/Drug Test Results SAFETY EQUIPMENT IN USE 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection		1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial																					



DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NO.	2	3	4	5	6	7	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE								1	15	16	17	8	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)
VEHICLE TRAVELING	N	S	E	W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE			
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)					POLICY NUMBER	VEHICLE REMOVED BY:				1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other				
NAME OF VEHICLE OWNER (Check Box if Same As Driver)					CURRENT ADDRESS (Number and Street)	CITY AND STATE				ZIP CODE				
NAME OF OWNER (Trailer or Towed Vehicle)					CURRENT ADDRESS (Number and Street)	CITY AND STATE				ZIP CODE				
NAME OF MOTOR CARRIER (Commercial Vehicle Only)					CURRENT ADDRESS (Number and Street)	CITY, STATE / ZIP CODE				US DOT or ICC MC IDENTIFICATION NUMBERS				
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN					CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE				DATE OF BIRTH				
DRIVER LICENSE NUMBER	STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT	
HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.				WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE				DRIVER'S PHONE NO.			
1 YES 2 NO	1 YES 2 NO					1 YES 2 NO	1 YES 2 NO				( )			

#1	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP
#2	PROPERTY DAMAGED - OTHER THAN VEHICLES	EST. AMOUNT	OWNER'S NAME	ADDRESS	CITY	STATE	ZIP

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN			VEHICLE DEFECT			VEHICLE MOVEMENT			VEHICLE SPECIAL FUNCTIONS																																																				
01 No Improper Driving / Action	02 Careless Driving	03 Failed To Yield Right-of-Way	04 Improper Backing	05 Improper Lane Change	06 Improper Turn	07 Alcohol - Under Influence	08 Drugs - Under Influence	09 Alcohol & Drugs - Under Influence	10 Followed Too Closely	11 Disregarded Traffic Signal	12 Exceeded Safe Speed Limit	13 Disregarded Stop Sign	14 Failed To Maintain Equip. / Vehicle	15 Improper Passing	16 Drove Left Of Center	17 Exceeded Stated Speed Limit	18 Obstructing Traffic	19 Improper Load	20 Disregarded Other Traffic Control	21 Driving Wrong Side / Way	22 Fleeting Police	23 Vehicle Modified	24 Driver Distraction (Explain in Narrative)	27 All Other (Explain in Narrative)	01 No Defects	02 Def. Brakes	03 Worn / Smooth Tire	04 Defective / Improper Lights	05 Puncture / Blowout	06 Steering Mech.	07 Windshield Wipers	08 Equipment / Vehicle Defect	77 All Other (Explain in Narrative)	01 Straight Ahead	02 Stopping / Stalled	03 Making Left Turn	04 Backing	05 Making Right Turn	06 Changing Lanes	07 Entering / Leaving Parking Space	08 Properly Parked	09 Improperly Parked	10 Making U-Turn	11 Passing	12 Driverless or Runaway Vehicle	77 All Other (Explain in Narrative)	1 None	2 Farm	3 Police Pursuit	4 Recreational	5 Emergency Operation	6 Construction / Maintenance	7 SOURCE OF CARRIER INFORMATION	1 Not Applicable	2 Shipping Papers	3 Vehicle Side	4 Driver	5 Other	1 Primarily Business	2 Primarily Residential	3 Open Country
POINT OF COLLISION			WORK AREA			PEDESTRIAN ACTION			LOCATION TYPE																																																				
01 On Road			01 None			01 Crossing Not At Intersection			01 Primarily Business																																																				
02 Not On Road			02 Nearby			02 Crossing at Mid-block Crosswalk			02 Primarily Residential																																																				
03 Shoulder			03 Entered			03 Crossing at Intersection			03 Open Country																																																				
04 Median						04 Walking Along Road With Traffic																																																							
05 Turn Lane						05 Walking Along Road Against Traffic																																																							
						06 Working on Vehicle In Road																																																							

FIRST/SUBSEQUENT HARMFUL EVENT(S)			ROAD SYSTEM IDENTIFIER			LIGHTING CONDITION								
01 Collision With MV In Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert	01 Interstate	07 Forest Road	01 Daylight									
02 Collision With MV In Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	02 U.S.	08 Private Roadway	02 Dusk									
03 Collision With MV In Transport (Angle)	17 MV Utility Pole / Light Pole	31 Overturned	03 State	77 All Other (Explain in Narrative)	03 Dawn									
04 Collision With MV In Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	04 County		04 Dark (Street Light)									
05 Collision With MV In Transport (Right Turn)	19 MV Hit Fence	33 Tractor / Trailer Jackknifed	05 Local		05 Dark (No Street Light)									
06 Collision With MV In Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire	06 Turnpike / Toll		08 Unknown									
07 Collision With MV In Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion	ROAD SURFACE CONDITION			WEATHER			ROAD SURFACE TYPE					
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway	01 Dry	01 Clear	01 Slag / Gravel / Stone									
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift	02 Wet	02 Cloudy	02 Blacktop									
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units	03 Slippery	03 Rain	03 Brick / Block									
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover	04 Icy	04 Fog	04 Concrete									
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)	77 All Other (Explain in Narrative)	77 All Other (Explain in Narrative)	05 Dirt									
13 Collision With Moped	27 MV Hit Other Fixed Object				77 All Other (Explain in Narrative)									
14 Collision With Train	28 Collision With Moveable Object On Road													
ROAD CONDITIONS AT TIME OF CRASH			VISION OBSTRUCTED			TRAFFIC CONTROL			SITE LOCATION			TRAFFICWAY CHARACTER		
01 No Defects	01 Vision Not Obscured	01 No Control	01 Not At Intersection / RR X-ing / Bridge	01 Straight - Level										
02 Obstruction With Warning	02 Inclement Weather	02 Special Speed Zone	02 At Intersection	02 Straight - Upgrade / Downgrade										
03 Obstruction Without Warning	03 Parked/Stopped Vehicle	03 Speed Control Sign	03 Influenced By Intersection	03 Curve - Level										
04 Road Under Repair / Construction	04 Trees / Crops / Bushes	04 Speed Zone	04 Driveway Access	04 Curve - Upgrade / Downgrade										
05 Loose Surface Materials	05 Load On Vehicle	05 Traffic Signal	05 Railroad	05 Shoulder										
06 Shoulders - Soft / Low / High	06 Building / Fixed Object	06 Stop Sign	11 Private Property	06 Bridge										
07 Holes/Ruts/Unsafe Paved Edge	07 Signs / Billboards	07 Flashing Light	12 Toll Booth	07 Entrance Ramp										
08 Standing Water	08 Fog	08 Railroad Signal	13 Public Bus Stop Zone	08 Exit Ramp										
09 Worn / Polished Road Surface	09 Smoke	77 All Other (Explain in Narrative)	77 All Other (Explain in Narrative)	09 Parking Lot - Public										
77 All Other (Explain in Narrative)	10 Glare		10 Parking Lot - Private	03 Curb										

Violator(s)	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	Richard Lewis	316.1925(1)	Careless Driving	0069-EVB
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	1	Richard Lewis	316.061(1)	Crash- Leaving the scene w/o giving information	0068-EVB
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

# NARRATIVE / DIAGRAM

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

DO NOT WRITE IN THIS SPACE

Time EMS NOTIFIED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	Time EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 10 / 04 / 08	COUNTY / CITY CODE 38 / 42	INVEST. AGENCY REPORT NUMBER 08-400904	HSMV CRASH REPORT NUMBER 76068730
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(NARRATIVE)

V1 was traveling northbound on 17th Street. V2 was legally parked on the 1000 block of 17th Street. V1 hit the curb on the left side of the street, traveled to the right side of the street and collided with V2. V1 spun and collided with V2 a second time. D1 of V1 exited the vehicle and fled the scene. D1 of V1 later returned to the scene where he attempted to flee upon our arrival, but the witness to the crash held D1 until we were able to detain him. D1 was issued two citations, Careless Driving and Crash- Leaving the scene without leaving information with property damage. There were no injuries. I checked other vehicles for damage, but did not find anything which indicated new damage relating to V1 on any vehicles in the area.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP	EJEC

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)	CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)	CURRENT ADDRESS	CITY & STATE	ZIP CODE
Justin Blanchard	1013 17th Street	Key West, FL	33040	305-923-3532			

FIRST AID GIVEN BY - NAME	1 Physician or Nurse	2 Paramedic or EMT	3 Police Officer	INJURED TAKEN TO:	BY-NAME
	4 Certified 1st Aider	5 Other	<input type="checkbox"/>		

WAS INVESTIGATION MADE AT SCENE?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHERE?	IS INVESTIGATION COMPLETE?	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF NO, THEN WHY?	DATE OF REPORT	PHOTOS TAKEN	1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	IF YES, BY WHOM?
						10/04/08			1. INVESTIGATING AGENCY <input type="checkbox"/> 2. OTHER <input type="checkbox"/>

INVESTIGATOR - RANK & SIGNATURE	ID / BADGE NUMBER	DEPARTMENT	FHP SO PD OTH
<i>W. L. OF N. REVOREDO</i>	2962/P82	Key West Police Department	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>



NORTH SIDE DR

INDICATE NORTH  
WITH ARROW



AREA of first Impact

17th STREET

AREA of third Impact

FINAL REST V1

FINAL REST V2

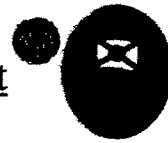
V2

AREA of second Impact

V1



Key West Police Department  
Witness List



INCIDENT NATURE: S3N

CASE NUMBER: 08-400904

OCCURRED: Day: FRIDAY

Date: 10-04-08

Time: 0049

CODES:

S = Subject of Complaint

C = Complainant

W = Witness

O = Other

D1

ADDRESS	Name: <u>RICHARD DANIEL LEWIS</u>	Age:	DOB: <u>02-14-90</u>	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>3722 CINDY AVE</u>				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

OWNER  
OF  
V2

ADDRESS	Name: <u>WAYNE RILEY</u>	Age:	DOB:	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>1009 17<sup>th</sup> ST</u>				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

W

ADDRESS	Name: <u>JUSTIN BLANCHARD</u>	Age:	DOB:	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>1013 17<sup>th</sup> STREET</u>				Phone # <u>305-923-3532</u>
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

INVESTIGATOR: Rank: Ofc Name: N REVOREDO

ID# 2962

SIGNATURE: [Signature]

Date: 10-04-08

☒ UPDATE ☐ CONTINUATION

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32309-0800

DO NOT WRITE IN THIS SPACE

DATE OF CRASH 1 0 0 4 / 0 8	COUNTY / CITY CODE 38 / 42	INVEST. AGENCY REPORT NUMBER 08-400904	HSMV CRASH REPORT NUMBER 76068730
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S e c t i o n 1	Vehicle	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	3	YEAR 85	MAKE CHEV	TYPE 03	USE 01	VEH. LICENSE NUMBER G060KF	STATE FL	VEHICLE IDENTIFICATION NUMBER 2GCCC14H9F1174348	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
		TRAILER OR TOWED VEHICLE INFORMATION										
		VEHICLE TRAVELING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LEGALLY PARKED 17TH ST										
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE										
S e c t i o n 2	Vehicle	POLICY NUMBER 144424-4										
		VEHICLE REMOVED BY: LEFT @SCENE										
		NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/> CURRENT ADDRESS (Number and Street) JOHN E OPP 1001 17TH STREET KEY WEST FL 330404234										
		NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street)										
S e c t i o n 3	Pedestrian	NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY, STATE / ZIP CODE										
		NAME OF DRIVER (Take From Driver License) / PEDESTRIAN CURRENT ADDRESS (Number and Street) CITY & STATE / ZIP CODE DATE OF BIRTH										
		DRIVER LICENSE NUMBER STATE DL TYPE REG. END. ALC/DRUG TEST TYPE RESULTS ALC/DRUG PHYS. DEF. RES. RACE SEX INJ. S. EQUIP. EJECT										
		HAZARDOUS MATERIALS BEING TRANSPORTED PLACARDED IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. WAS HAZARDOUS MATERIAL SPILLED? RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE DRIVER'S PHONE NO.										
S e c t i o n 4	Vehicle	DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2 3 4 5 6 7 1 15 16 17 8 14 13 12 11 10 9	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
		TRAILER OR TOWED VEHICLE INFORMATION										
		VEHICLE TRAVELING N S E W <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>										
		MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)										
S e c t i o n 5	Pedestrian	POLICY NUMBER										
		VEHICLE REMOVED BY:										
		NAME OF VEHICLE OWNER (Check Box if Same As Driver) <input type="checkbox"/> CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE										
		NAME OF OWNER (Trailer or Towed Vehicle) CURRENT ADDRESS (Number and Street) CITY AND STATE ZIP CODE										
S e c t i o n 6	Pedestrian	NAME OF MOTOR CARRIER (Commercial Vehicle Only) CURRENT ADDRESS (Number and Street) CITY, STATE / ZIP CODE										
		NAME OF DRIVER (Take From Driver License) / PEDESTRIAN CURRENT ADDRESS (Number and Street) CITY & STATE / ZIP CODE DATE OF BIRTH										
		DRIVER LICENSE NUMBER STATE DL TYPE REG. END. ALC/DRUG TEST TYPE RESULTS ALC/DRUG PHYS. DEF. RES. RACE SEX INJ. S. EQUIP. EJECT										
		HAZARDOUS MATERIALS BEING TRANSPORTED PLACARDED IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND. WAS HAZARDOUS MATERIAL SPILLED? RECOMMEND DRIVER RE-EXAM IF YES EXPLAIN IN NARRATIVE DRIVER'S PHONE NO.										
PROPERTY DAMAGED - OTHER THAN VEHICLES												
PROPERTY DAMAGED - OTHER THAN VEHICLES												
PROPERTY DAMAGED - OTHER THAN VEHICLES												
PROPERTY DAMAGED - OTHER THAN VEHICLES												
WITNESS NAME (1) CURRENT ADDRESS CITY & STATE ZIP CODE WITNESS NAME (2) CURRENT ADDRESS CITY & STATE ZIP CODE												
WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No 1												
INVESTIGATOR - RAYNIA SIGNATURE ID/BADGE NUMBER 1598/S-26 DEPARTMENT KEY WEST POLICE DEPT												

FIRST/SUBSEQUENT HARMFUL EVENT(S)		
01 Collision With MV In Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Ditch/Culvert
02 Collision With MV In Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water
03 Collision With MV In Transport (Angle)	17 MV Utility Pole / Light Pole	31 Overturned
04 Collision With MV In Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle
05 Collision With MV In Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed
06 Collision With MV In Transport (Sidewipe)	20 MV Hit Concrete Barrier Wall	34 Fire
07 Collision With MV In Transport (Backed into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign	37 Cargo Loss or Shift
10 Collision With Pedestrian	24 Collision With Traffic Gate	38 Separation of Units
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)
13 Collision With Moped	27 MV Hit Other Fixed Object	
14 Collision With Train	28 Collision With Movable Object On Road	

Predicates: On October 4th 2008 at 1240AM Police units were sent to a hit & run in the area of 1000 17th St. I also responded to the scene

I responded to 17th St in regards to a follow-up crash investigation regarding the fore mentioned. I arrived and met with the reporting person, Mr. Opp. Mr. Opp provided the following statement:

- Stated his vehicle was pushed three (3) feet from where it was originally parked. In fact, the impact was, "so great I could not start my truck."

- Had re-enforced his bumper previously (date unknown) due to having been rear-ended in the past

- Called his insurance company to make a claim

Investigations:

The vehicle reportedly damaged is an older model pickup truck with extensive damage to the rear portion of the vehicle, especially the rear bumper. Damage is old since there is corrosion present (so bad that portions of the bumper have

(disintegrated). The bumper also has extensive "Bondo" repair and crush. See photos 1-6 for further relevance. Taillights were intact but unknown if operational. Truck has an "Automatic" transmission and was in "Park" when I viewed

### ADDITIONAL PASSENGERS

[illegible]

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>	01 No Defect	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>	01 Straight Ahead	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>	1 None	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>
02 Careless Driving		02 Def. Brakes		02 Stopping / Stopped / Stalled		2 Farm	
03 Failed To Yield Right-of-Way		03 Worn / Smooth Tires		03 Making Left Turn		3 Police Pursuit	
04 Improper Backing		04 Defective / Improper Tires		04 Backing		4 Recreational	
05 Improper Lane Change		05 Poorly / Blurred Vision		05 Making Right Turn		5 Emergency Operation	
06 Improper Turn		06 Steering / Shock		06 Changing Lanes		6 Construction / Maintenance	
07 Alcohol - Under Influence		07 Windshield Wipers		07 Entering / Leaving Parking Space		SOURCE OF CARRIER INFORMATION	
08 Drugs - Under Influence		08 Equipment / Vehicle Defect		08 Properly Parked		1 Not Applicable	
09 Alcohol & Drugs - Under Influence				09 Improperly Parked		2 Shipping Papers	
10 Followed Too Closely				10 Making U-Turn		3 Vehicle Side	
11 Disregarded Traffic Signal			4 Driver				
12 Exceeded Safe Speed Limit			5 Other				
13 Disregarded Stop Sign							
14 Failed To Maintain Equip. / Vehicle	19 Improper Load						
15 Improper Passing	20 Disregarded Other Traffic Control						
16 Drove Left Of Center	21 Driving Wrong Side / Way						
17 Exceeded Stated Speed Limit	22 Flashed Police						
18 Obstructing Traffic	23 Vehicle Modified						
	24 Driver Distraction (Explain in Narrative)						
	77 All Other (Explain in Narrative)						

FIRST / SUBSEQUENT HARMFUL EVENT(S)		PEDESTRIAN ACTION	
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	01 Crossing Not At Intersection	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div>
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	02 Crossing at Mid-Block Crosswalk	
03 Collision With MV in Transport (Angle)	17 MV Utility Pole / Light Pole	03 Crossing at Intersection	
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	04 Walking Along Road With Traffic	
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	05 Walking Along Road Against Traffic	
06 Collision With MV in Transport (Sideswipe)	20 MV Hit Concrete Barrier Wall	06 Working on Vehicle in Road	
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail		
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery		
09 Collision With MV on Roadway	23 Collision With Construction Barricade Sign		
10 Collision With Pedestrian	24 Collision With Traffic Gate		
11 Collision With Bicycle	25 Collision With Crash Attenuators		
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road		
13 Collision With Moped	27 MV Hit Other Fixed Object		
14 Collision With Train	28 Collision With Movable Object On Road		
		07 Other Working in Road	
		08 Standing/Playing in Road	
		09 Standing in Pedestrian Island	
		77 All Other (Explain in Narrative)	
		98 Unknown	

(ADDITIONAL NARRATIVE)

Investigating the rear bumper I could not find any new damage. Nor could I locate a "debris field" underneath. (See photos 4 & 5). Since a good portion of the bumper was "Bondcoed" a good portion would have been broken off in the impact. Mr. Opp said the vehicle was pushed for "Three feet" but I could not locate any drag marks underneath the rear wheels (photo 6) nor could I match any type of crush consistent with his statement.

Photos 7 & 8 show distinct yaw marks left by vehicle 1 (V1) in the initial report. After impact with vehicle 2 (V2) V1 was redirected westerly coming to rest in the roadway. These yaw marks are approximately 5 feet away from where the pickup was parked and show no further impact or redirect.

Photos (8) are attached to the report and the cd was placed into our Property/Evidence

ADDITIONAL PASSENGERS												
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJEC
						- -						
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJEC
						- -						
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJEC
						- -						
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJEC
						- -						
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJEC
						- -						
SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJEC
						- -						

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

## KEY WEST POLICY DEPARTMENT

Key West, FL

## PROPERTY RECEIPT

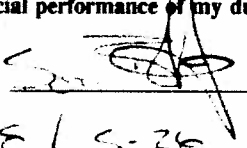
Check <u>ONLY ONE</u> :	<input type="radio"/> Trial Evidence	<input checked="" type="radio"/> Lab Evidence	<input type="radio"/> Found Property
<input type="radio"/> Prisoner Property	<input type="radio"/> Safekeeping (Return)	<input type="radio"/> Stolen/Recovered	<input type="radio"/> For Destruction

CASE NUMBER: CG-40004	DATE/TIME IMPOUNDED: 10/14/08 @ 1923	SEN NUMBER (ECO use only):
EXACT ADDRESS WHERE PROPERTY WAS IMPOUNDED: 117th St. K.W.F.C.	TYPE OF CASE: Criminal	
		<input type="radio"/> Felony <input type="radio"/> Misdemeanor
CODES:	S = SUSPECT	A = ARRESTEE
V = VICTIM	O = OWNER	R = REPORTING PERSON

CODE	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	DOB	ADDRESS	PHONE
O	KWPN				1604 N. ROSELTON	305 899 1000

ITEM #	QUANTITY/WEIGHT/COUNT	DESCRIPTION (including identifying marks, serial number, color, etc.)
I	1	CD w/ Photos

HOLD REQUESTED - REQUESTING PERSON/PURPOSE:		FORFEITURE/SEIZED?	NCIC CHECK?
<input checked="" type="radio"/> YES Investigation <input type="radio"/> NO		<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="radio"/> YES <input checked="" type="radio"/> NO
I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt. (Please read the information on the back of this sheet for an explanation of your rights according to law.)		I hereby acknowledge that the above represents all property impounded by me in the official performance of my duty as a Key West Police Officer.	
Signature (x):		Impounding Officer (x) 	
		Employee ID# 1558 / S-26	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	
Received By:	Reason:	Date/Time Received:	

WHITE COPY - Person surrendering property

YELLOW COPY - Property Division

PINK COPY - Records

BLUE COPY - Officer's Copy





## Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO  
S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

## Individual Summary Page



DL/ID Number

[REDACTED]

Class

E

Status

VALID

JOHN E OPP

1001 17TH STREET

KEY WEST FL 330404234

All Addresses On File

Date of Birth

02-03-79

Sex

M

Height

5'05

State Of Birth

Arizona

Restrictions

Endorsements

Issue Date  
09-27-04Duplicate  
Date  
03-05-08Expiration Date  
02-03-11

SSN

[REDACTED]

Form Number

T710803050065

Conditional Messages:

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
View	JH27B1009FS	MOTORCYCLE	BLACK	MOTOR SCOOTER	HONDA	09-07-05	227294595
View	2GCCC14H9F1174348	AUTO	YELLOW	PICKUP	CHEVROLET	08-02-06	230536178
View	JH2TB100XGS100478	MOTORCYCLE	RED	MOTOR SCOOTER	HONDA	08-10-07	232913545
View	JH2TB1008FS000121	MOTORCYCLE	BLACK	MOTOR SCOOTER	HONDA	06-14-07	232913590
View	JN2TB1000FS000355	MOTORCYCLE	BLACK	MOTOR SCOOTER	HONDA	06-19-08	235869231

Driver License Transactions								
Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp

View	O100465790430	03-05-08	09-27-04	03-05-08 16:26:43	DL	Duplicate	None	Lost
View	O100465790430	05-03-07	09-27-04	05-03-07 10:24:03	RCT	Reinstatement	None	
View	O100465790430	09-27-04	09-27-04	09-27-04 09:30:51	DL	Original	None	
View	O100465790430	09-22-04	09-22-04	09-22-04 10:39:21	RCT	No Issuance	None	
View	O100465790430	09-21-04	09-21-04	09-21-04 09:29:37	RCT	No Issuance	None	
View	O100465790430	05-24-04	05-24-04	05-24-04 11:22:38	ID	Original	None	
View	O100465790430	05-20-98	05-20-98	05-20-98 12:14:01	ID	Original	None	

[Historical Driver License Activity](#)[Vehicle Insurance](#)[Previous Vehicles](#)[Photo Array](#)[Signature Array](#)[New Search](#)[Main Menu](#)



## Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO  
S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

## Individual Summary Page

Emergency Contact Information

DL/ID Number

Class

Status

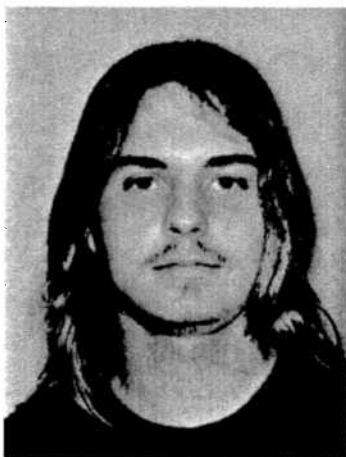
0

E

VALID

RICHARD DANIEL LEWIS  
3722 CINDY AVE  
KEY WEST FL 330404408

All Addresses On File



Date of Birth  
02-14-90

Sex  
M

Height  
6'00

State Of Birth  
Delaware

Restrictions

Endorsements

Issue Date Duplicate  
06-12-07 Date  
08-26-08

Expiration Date  
02-14-14

SSN

Form Number  
T710808260004

## Conditional Messages:

UNDER 21 UNTIL: 02/14/2011 SAFE DRIVER

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
View	3FAKP1139WR231898	AUTO	BLUE	2 DOOR	FORD	04-22-08	47521432

Driver License Transactions								
Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
View	L200744900540	08-26-08	06-12-07	08-26-08 10:49:25	DL	Replacement	None	Surrendered
View	L200744900540	08-26-08	06-12-07	08-26-08 10:39:18	EXO	Exam Only	None	
View	L200744900540	06-12-07	06-12-07	06-12-07	LL	Original	None	

				15:12:25				
View	L200744900540	04-12-01	04-12-01	04-12-01 15:00:59	ID	Original	None	

Press Here for Supporting ID documents FOR OFFICIAL INVESTIGATIONS ONLY

Historical Driver License Activity

Vehicle Insurance

Previous Vehicles

Photo Array

Signature Array

New Search

Main Menu

3

## Citizens Review Board

---

**From:** Citizens Review Board  
**Sent:** Tuesday, December 16, 2008 10:45 AM  
**To:** Randall Smith  
**Cc:** Citizens Review Board; David Smith  
**Subject:** Jon OPP File/CRB #08-011

**Attachments:** OPP PICS.pdf

Hello Randy:

I am preparing this file to go before the Board at the next meeting on 12/22/08 at 6:00 p.m. I have noted that the crash reports mention pictures taken and a CD ROM as evidence. I did not receive any pictures from your office on this file.



OPP PICS.pdf (2 MB)

I have attached the pictures that Mr. Opp sent our office to document the alleged damage to his truck. If your pictures are different then his, please make a copy of the CDROM and send them to me ASAP.

If you cannot attend to this matter before the meeting on Monday December 22, 2008, then please have Lt. Smith bring it to our meeting on the CD ROM and we will display them on the "big screen" using our laptop and projector. I am sure that you would agree that it is important that the Board members view all pictures that were used in the evaluation of the incident and forming the ultimate disposition of Mr. Opps claims. Thanks!

Stephen C. Muffler, Esquire  
Executive Director  
Attorney at Law

---

City of Key West  
Citizen Review Board  
P.O. Box 1946  
Key West, Florida 33041  
tel(305) 809-3887  
fax(305) 293-9827  
crb@keywestcity.com  
[www.keywestcity.com](http://www.keywestcity.com)

**Note To Recipients:** Under Florida law, this communication and any response or reply to it, will be subject to public records requests/disclosure laws, unless an applicable privilege or rule of evidence applies.

**Note to Citizen Review Board Members:** In accordance with the Florida Sunshine Law, please do not "reply to all" if there are other board members receiving this e-mail concerning Board business. Please only reply to non-board members when responding.

4



**CITY OF KEY WEST**

Citizen Review Board

P.O. Box 1946

Key West, FL 33041

Ph: (305) 809-3887

Fax: (305) 293-9827

November 6, 2008

Mr. John E. Opp  
1001 17<sup>th</sup> Street  
Key West, FL 33040

**VIA REGULAR US MAIL**

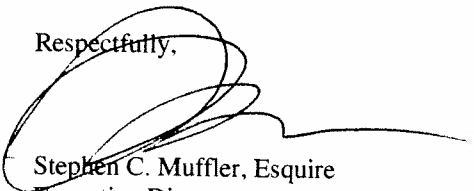
Complaint File: **CRB No. 08-011**  
**KWPD-IA File Number: (to be assigned)**

Dear Mr. Opp:

After initial review of your formal complaint with this office, I suggest that you consider mediation. Mediation is an alternative dispute resolution in which you would directly meet with the officer, with a third party mediator and/or myself and try to resolve this matter amicably before it goes any further. If the matter can be resolved, ie. the subject officer agrees to modify the police report to reflect your vehicle being involved in the accident, then the file can be closed. Mediation is voluntary and no agreement has to be reached, but it is often a very useful option.

Please let me know if you will consider this option. If so, I will then solicit from the subject officer if he is willing to voluntarily participate in this process. If he does agree, we can pick a date/time that is good for both of you and then conduct mediation. Please call me to give me your thoughts on this matter.

Respectfully,

  
Stephen C. Muffler, Esquire  
Executive Director  
Attorney-at-Law  
cc: File





CITY OF KEY WEST  
Citizen Review Board  
P.O. Box 1946  
Key West, FL 33041  
Ph: (305) 809-3887  
Fax: (305) 293-9827

November 13, 2008

**VIA HAND DELIVERY**

Sgt. Frank Blasberg  
Key West Police Department

Complaint File: **CRB Complaint #08-011**  
**Request for Mediation**

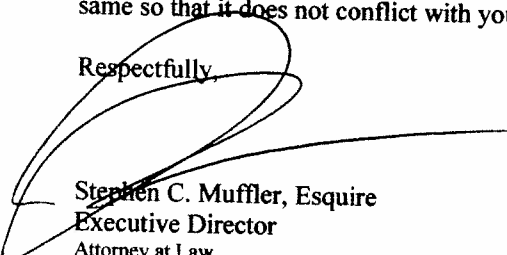
Dear Sgt. Blasberg:

This letter shall inform you that a complaint was logged with the CRB regarding your alleged insufficient service relative to the follow up investigation regarding Mr. John E. Opp's claims that his vehicle was impacted by a car crash. I would refer your attention to report #08-400904 and crash report #76068730. While this office has made no impression as to the subject matter of the complaint, it appears that maybe mediation between yourself and Mr. Opp could resolve this file. Our Board does offer mediation as one of the options of disposing of a complaint.

Mr. Opp has agreed to consider a mediation session with yourself and/or your representatives, to try to clear up this matter amicably. Please advise this office if you wish to participate in said mediation. It would be conducted at a neutral location (probably at City Hall) and I would personally attend, along with Mr. Opp and yourself and any other representative you wish to bring. I would solicit from the Board if they wish to incur the cost of hiring a mediator, or just allow the session to be between the aforesaid individuals.

Please let me know if you are interested in participating in mediation and I will proceed to schedule the same so that it does not conflict with your work duties.

Respectfully,

  
Stephen C. Muffler, Esquire  
Executive Director  
Attorney at Law

cc: Mr. John Opp.  
Lt. David Smith  
File



**CITY OF KEY WEST**

Citizen Review Board

P.O. Box 1946

Key West, FL 33041

Ph: (305) 809-3887

Fax: (305) 293-9827

December 4, 2008

**VIA HAND DELIVERY**

Sgt. Frank Blasberg  
Key West Police Department

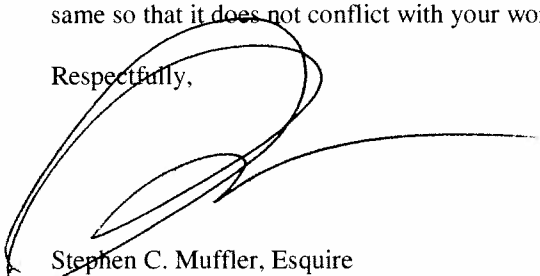
Complaint File: **CRB Complaint #08-011**  
**2<sup>nd</sup> Request for Mediation**

Dear Sgt. Blasberg:

Enclosed please find a copy of my November 13, 2008 letter addressed to yourself. I have not received any type of response and I wanted to make sure you received it. I will be assuming that you prefer not to participate in mediation should I not receive a response from you. Note that this particular file will come up for review before the Citizen Review Board either December 22, 2008 or January 12, 2009, depending on the Board's agendas. I will be noticing you of a firm date when I learn of the same. However, it was my desire to try to reach an amicable resolution between yourself and Mr. Opp prior to such a Board meeting taking place.

Please let me know if you are interested in participating in mediation and I will proceed to schedule the same so that it does not conflict with your work duties.

Respectfully,

  
Stephen C. Muffler, Esquire  
Executive Director  
Attorney at Law

cc: Mr. John Opp.  
Lt. David Smith  
File

5



**CITY OF KEY WEST**

Citizen Review Board

P.O. Box 1946

Key West, FL 33041

Ph: (305) 809-3887

Fax: (305) 293-9827

October 28, 2008

Mr. John E. Opp  
1001 17<sup>th</sup> Street  
Key West, FL 33040

**VIA REGULAR US MAIL**

Complaint File: **CRB No. 08-011**  
**KWPD-IA File Number: (to be assigned)**

Dear Mr. Opp:

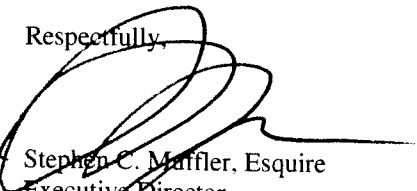
This letter shall confirm receipt of your complaint against officer Frank Blasberg. As per the Board's standard operating procedures, your complaint has been forwarded to the Key West Police Internal Affairs Department (IA) for investigation. At this time, the Board will await IA's findings and conclusions. The Board will consider the matter thereafter if you are not satisfied with IA's handling of the complaint. The Board reserves its rights to investigate the matter at any time if appropriate under the circumstances and in accordance with the City's Charter and Florida law.

Please note that all documents and communications received by this office are considered public records. You will be updated periodically by this office during material stages of the aforementioned processes. Please make sure that this office is updated at all times of any change to your contact information or mailing address.

The Board appreciates the time you have taken to lodge this complaint. If you change your mailing address, please send in written notice to this office so our files can reflect the same.

You are welcome to call or write us with any questions you may have.

Respectfully,

  
Stephen C. Maffler, Esquire  
Executive Director  
Attorney-at-Law  
cc: File



**CITY OF KEY WEST**

Citizen Review Board

P.O. Box 1946

Key West, FL 33041

Ph: (305) 809-3887

Fax: (305) 293-9827

December 10, 2008

Mr. John E. Opp  
1001 17<sup>th</sup> Street  
Key West, FL 33040

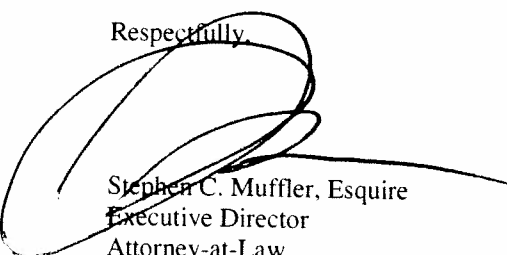
**VIA REGULAR US MAIL**

Complaint File: **CRB No. 08-011**  
**KWPD-IA File Number: (unkown)**

Dear Mr. Opp:

Enclosed please find a one page summary of the Key West Police Internal Affairs investigation into your matter. It mentions two reports which this particular department will be sending to me on or about December 15, 2008. I will then forward by mail to you these items. This investigation summary and its referenced reports will be included in you file for review by the Board members during your December 22, 2008 complaint review hearing/meeting.

Respectfully,

  
Stephen C. Muffler, Esquire  
Executive Director  
Attorney-at-Law  
Encl.  
cc: File

**Donald J. Lee, Jr.**

**Chief of Police**



**Key West**

**POLICE DEPARTMENT**

**TO:** File

**FROM:** Inspector Randy Smith, Office of Internal Affairs

**DATE:** October 16, 2008

**RE:** John Opp Crash Complaint

On October 14, 2008 I received a call in complaint regarding a traffic crash which occurred on October 04, 2008. John Opp (Complainant) stated he felt the crash report had inaccuracy within it. He explained during the crash in question his truck was struck, but this was not reflected in the report. I explained to him I would review the report and get back to him. I reviewed the crash reports (08-400904) which consisted of an initial crash report written by Ofc. Revoredo and a supplement written by Sgt. Blasberg. These reports both reflected that Opp's vehicle was not involved in the crash and Sgt. Blasberg's goes into detail describing how he was able to determine that the physical evidence showed it was not involved. Sgt. Blasberg was the Traffic Supervisor for approximately two years before going to the road as a supervisor. Sgt. Blasberg is recognized as an expert in crash reconstruction and traffic homicide investigation.

I also pulled the photographs taken as evidence from the night of the crash and reviewed the skid marks. I could not see anyway Opp's vehicle could have been struck based on the skid marks and the track of the vehicle. I attempted to contact Opp's witness Justin Blanchard and received no return call. I spoke with Ofc. Revoredo and he indicated that Blanchard never made any statement to him about Opp's vehicle being struck, although he did speak about other vehicles being struck.

As a final step I took all the evidence to Officer Kevin O'Connell who is also an expert in traffic crash reconstruction and traffic homicide investigation. Ofc. O'Connell did an independent review with all the evidence presented and told me there was no way Opp's vehicle was involved in the crash and received the damages stated.

On the evening of October 15, 2008 I spoke with Opp and explained KWPD position and that we would not change the crash report and the matter was now closed. Opp stated he was going to explore other avenues to resolve the issue.

**Note:** As of December 09, 2008 I have not received any further calls from Opp or Blanchard regarding this case.



**RESPECT - INTEGRITY - FAIRNESS**

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111  
[www.keywestcity.com](http://www.keywestcity.com)





**CITY OF KEY WEST**

Citizen Review Board

P.O. Box 1946

Key West, FL 33041

Ph: (305) 809-3887

Fax: (305) 293-9827

December 15, 2008

Mr. John E. Opp  
1001 17<sup>th</sup> Street  
Key West, FL 33040

**VIA REGULAR US MAIL**

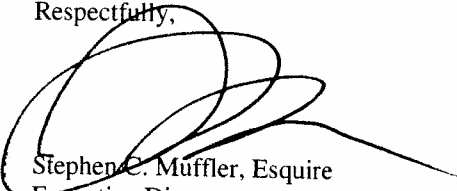
Complaint File: **CRB No. 08-011**  
**KWPD-IA File Number: (unknown)**

Dear Mr. Opp:

Enclosed please find the investigation reports mention in the one page summary of the Key West Police Internal Affairs investigation into your matter. These items will be presented to the Board along with your pictures and your complaint. These shall comprise your entire file which will be reviewed by the Board members prior to the meeting/hearing. You stated that you disagree with the findings of IA and the reports and thus would prefer the Board to review this matter.

As I had mentioned to you last week, it would be helpful to bring as many eye witnesses to the Board's meeting/hearing on December 22, 2008 at 6:00 p.m. at the Old City Hall location (510 Green Street) so they can proffer to the Board what they saw and could attest to the fact that your vehicle was actually hit in the accident.

Respectfully,

  
Stephen C. Muffler, Esquire  
Executive Director  
Attorney-at-Law  
Encl.  
cc: File



William A. Mauldin  
Chief of Police

Non-Emergency  
305-809-1111

Chief's Office  
305-809-1042

Administration  
305-809-1085

Special Services  
305-809-1083

Records  
305-809-1073

Property-Evidence  
305-809-1061

Professional  
Standards  
305-809-1035

Community Affairs  
305-809-1008

Public Information  
305-809-1058

Detectives  
305-809-1015

Patrol Division  
305-809-1013

# Key West Police Department

*Respect Integrity Fairness*

## FAX COVER SHEET - Office of Internal Affairs (305) 809-1081

From Fax Number: (305) 809-1064

To Fax Number:

305-293-9827

Date:

12-15-08

Sent To:

CRB

Attention:

STEPHEN MUFFLER

From:

RANDY SMITH

Reference:

OPP FILE

Number of Pages: 15 INCLUDING COVER

Message:

**\*\*This fax may contain information that is confidential and is intended for the recipient specified. If you have received this fax in error, please return to (305) 809-1064 and delete from your files.**



1604 N. Roosevelt Blvd.  
wmauldin@keywestcity.com



Key West, Florida 33040  
www.keywestcity.com



**Donald J. Lee, Jr.****Chief of Police****Key West****POLICE DEPARTMENT****TO:** File**FROM:** Inspector Randy Smith, Office of Internal Affairs (18)**DATE:** October 16, 2008**RE:** John Opp Crash Complaint

On October 14, 2008 I received a call in complaint regarding a traffic crash which occurred on October 04, 2008. John Opp (Complainant) stated he felt the crash report had inaccuracy within it. He explained during the crash in question his truck was struck, but this was not reflected in the report. I explained to him I would review the report and get back to him. I reviewed the crash reports (08-400904) which consisted of an initial crash report written by Ofc. Revoredo and a supplement written by Sgt. Blasberg. These reports both reflected that Opp's vehicle was not involved in the crash and Sgt. Blasberg's goes into detail describing how he was able to determine almost twenty four hours later, how the physical evidence showed it was not involved. Sgt. Blasberg was Traffic Supervisor for approximately two years before going to the road as a supervisor. Sgt. Blasberg is recognized as an expert in crash reconstruction and traffic homicide investigation.

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On the evening of October 15, 2008 I spoke with Opp and explained KWPD position and that we would not change the crash report and the matter was now closed. Opp stated he was going to explore other avenues to resolve the issue.

**Note:** As of December 09, 2008 I have not received a return call from Opp or Blanchard regarding this case.

**RESPECT - INTEGRITY - FAIRNESS**

Key West Police Department 1604 N. Roosevelt Blvd. Key West, FL 33040 (305) 809-1111  
[www.keywestcity.com](http://www.keywestcity.com)



## FLORIDA TRAFFIC CRASH REPORT

## LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES TRAFFIC CRASH  
RECORDS, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32300-0037

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	10 04 08	12:46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12:46 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	12:49 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	08-400904	76068730
Time & Location	COUNTY / CITY CODE	FEET or MILE(S)	N S E W	CITY OR TOWN	(Check if in City or Town)	COUNTY
	38 42			Key West	<input checked="" type="checkbox"/>	Monroe
Time & Location	AT NODE NO.	FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED
					1	1
Time & Location	AT THE INTERSECTION OF	FEET or MILE(S)	N S E W	FROM INTERSECTION OF	(street, road or highway)	
		100			17th Street	
Driver & Vehicle	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER
	1. Phantom 2. Hit & Run 3. N/A	2	98	Ford	01	01
Driver & Vehicle	VEHICLE IDENTIFICATION NUMBER	VEHICLE REMOVED BY:	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	3FAKP1139WR231898	Tow Truck	1	\$500	2	
Driver & Vehicle	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
	<input checked="" type="checkbox"/>	Geico	0535843403	Key West, FL	33040	
Driver & Vehicle	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
Driver & Vehicle	NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE / ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS		
Driver & Vehicle	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY AND STATE / ZIP CODE	DATE OF BIRTH		
	RICHARD DANIEL LEWIS	3722 CINDY AVE	Key West, FL 33040			
Driver & Vehicle	DRIVER LICENSE NUMBER	STATE	DL TYPE	RED. END.	ALC/DRUG TEST TYPE	RESULTS
		FL	5	3	1 Blood 3 Urine 5 None 2 Breath 4 Refused	5
Driver & Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
		2			2	( )
Driver & Vehicle	DRIVER ACTION	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER
	1. Phantom 2. Hit & Run 3. N/A	05	Ford	02	01	I16MQR
Driver & Vehicle	VEHICLE IDENTIFICATION NUMBER	VEHICLE REMOVED BY:	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)	
	1FTRE14W35HA89519	Owner	2	\$500	11	
Driver & Vehicle	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
	<input type="checkbox"/>	WAYNE E RILEY	1009 17TH ST	Key West, FL	33040	
Driver & Vehicle	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
Driver & Vehicle	NAME OF MOTOR CARRIER (Commercial Vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE / ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS		
Driver & Vehicle	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY AND STATE / ZIP CODE	DATE OF BIRTH		
	Legally Parked					
Driver & Vehicle	DRIVER LICENSE NUMBER	STATE	DL TYPE	RED. END.	ALC/DRUG TEST TYPE	RESULTS
					1 Blood 3 Urine 5 None 2 Breath 4 Refused	
Driver & Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OR 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE	DRIVER'S PHONE NO.
		2			2	( )
Code Information	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver / Ped.)	PHYSICAL DEFECTS	ALCOHOL / DRUG-USE
	01 Automobile 02 Van 03 Light Truck / P.U.-2 or 4 rear tires 04 Medium Truck - 4 rear tires 05 Heavy Truck - 2 or more rear axles 06 Truck Tractor (Cab-Engine) 07 Motor Home (RV) 08 Bus (driver + seats for 9-15) 09 Bus (driver + seats for over 15) 10 Bicycle 11 Motorcycle 12 Moped 13 All Terrain Vehicle 14 Train 15 Low Speed Vehicle 77 Other	01 Private Transportation 02 Commercial Passengers 03 Commercial Cargo 04 Public Transportation 05 Public School Bus 06 Private School Bus 07 Ambulance 08 Law Enforcement 09 Fire / Rescue 10 Military 11 Other Government 12 Dump 13 Concrete Mixer 14 Garbage or Refuse 15 Cargo Van 77 Other	01 Single Semi Trailer 02 Tandem Semi Trailer 03 Tank Trailer 04 Saddle Mount / Flatbed 05 Boat Trailer 06 Utility Trailer 07 House Trailer 08 Pole Trailer 09 Towed Vehicle 10 Auto Transport 77 Other	1 County of Crash 2 Elsewhere in State 3 Non-Resident of State 4 Foreign 5 Unknown DL TYPE 1 A 2 B 3 C 4 D Chauffeur 5 E Operator 6 F Operator-Real 7 Other REQUIRED ENDORSEMENTS 1 Yes 2 No 3 No Endorsement Required	1 No Defects Known 2 Eyesight Defect 3 Fatigue / Asleep 4 Hearing Defect 5 Illness 6 Seizure, Epilepsy, Blackout 7 Other Physical Defect INJURY SEVERITY 1 None 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal (Within 30 Days) 6 Non-Traffic Fatality	1 Not Drinking or Using Drugs 2 Alcohol - Under Influence 3 Drugs - Under Influence 4 Alcohol & Drugs - Under Influence 5 Had Been Drinking 6 Pending Alcohol/Drug Test Results SAFETY EQUIPMENT IN USE 1 Not in use 2 Seat Belt / Shoulder Harness 3 Child Restraint 4 Air Bag - Deployed 5 Air Bag - Not Deployed 6 Safety Helmet 7 Eye Protection
Code Information	LOCATION IN VEHICLE	EJECTED				
	1 Front Left 2 Front Center 3 Front Right 4 Rear Left 5 Rear Center 6 Rear Right 7 In Body Of Truck 8 Bus Passenger 9 Other EJECTED 1 No 2 Yes 3 Partial					

DRIVER ACTION	1. Phantom 2. Hit & Run 3. N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	2	3	4	5	6	7	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer
TRAILER OR TOWED VEHICLE INFORMATION				TRAILER TYPE					1	15	16	17	8		SHOW FIRST POINT OF DAMAGE AND CIRCLE DAMAGED AREA(S)
VEHICLE TRAVELING	N S E W	ON	AT	Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE							
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:	1. Tow Rotation List 2. Tow Owner's Request 3. Driver 4. Other								
NAME OF VEHICLE OWNER (Check Box If Same As Driver)	<input type="checkbox"/>			CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF OWNER (Trailer or Towed Vehicle)				CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE							
NAME OF MOTOR CARRIER (Commercial Vehicle Only)				CURRENT ADDRESS (Number and Street)		CITY, STATE / ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS							
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN				CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH							
DRIVER LICENSE NUMBER		STATE	DL TYPE	REQ. END.	ALC/DRUG TEST TYPE	RESULTS	ALC/DRUG	PHYS. DEF.	RES.	RACE	SEX	INJ.	S. EQUIP.	EJECT.	
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OR 4-DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1-DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMENDED DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.					
1 YES / NO		1 YES / NO				1 YES / NO		1 YES / NO							
PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP		
1															
PROPERTY DAMAGED - OTHER THAN VEHICLES				EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY		STATE	ZIP		
2															
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN															
01 No Improper Driving / Action				01 No Defects				01 Straight Ahead				01 None			
02 Careless Driving				02 Def. Brakes				02 Stopping / Stopped / Stalled				02 Farm			
03 Failed To Yield Right-of-Way				03 Worn / Smooth Tires				03 Making Left Turn				03 Police Pursuit			
04 Improper Backing				04 Defective / Improper Lights				04 Backing				04 Recreational			
05 Improper Lane Change				05 Puncture / Blowout				05 Making Right Turn				05 Emergency Operation			
06 Improper Turn				06 Steering Mech.				06 Changing Lanes				06 Construction / Maintenance			
07 Alcohol - Under Influence				07 Windshield Wipers				07 Entering / Leaving Parking Space				07 Not Applicable			
08 Drugs - Under Influence				08 Equipment / Vehicle Defect				08 Properly Parked				08 Shipping Papers			
09 Alcohol & Drugs - Under Influence				77 All Other (Explain in Narrative)				09 Improperly Parked				09 Vehicle Side			
10 Followed Too Closely								10 Making U-Turn				10 Driver			
11 Disregarded Traffic Signal												10 Driver			
12 Exceeded Safe Speed Limit												10 Driver			
13 Disregarded Stop Sign												10 Driver			
14 Failed To Maintain Equip. / Vehicle												10 Driver			
15 Improper Passing												10 Driver			
16 Drove Left Of Center												10 Driver			
17 Exceeded Stated Speed Limit												10 Driver			
18 Obstructing Traffic												10 Driver			
19 Improper Load												10 Driver			
20 Disregarded Other Traffic Control												10 Driver			
21 Driving Wrong Side / Way												10 Driver			
22 Fleeing Police												10 Driver			
23 Vehicle Modified												10 Driver			
24 Driver Distraction (Explain in Narrative)												10 Driver			
27 All Other (Explain in Narrative)												10 Driver			
VEHICLE DEFECT															
01 No Defects				01 No Defects				01 Straight Ahead				01 None			
02 Def. Brakes				02 Def. Brakes				02 Stopping / Stopped / Stalled				02 Farm			
03 Worn / Smooth Tires				03 Worn / Smooth Tires				03 Making Left Turn				03 Police Pursuit			
04 Defective / Improper Lights				04 Defective / Improper Lights				04 Backing				04 Recreational			
05 Puncture / Blowout				05 Puncture / Blowout				05 Making Right Turn				05 Emergency Operation			
06 Steering Mech.				06 Steering Mech.				06 Changing Lanes				06 Construction / Maintenance			
07 Windshield Wipers				07 Windshield Wipers				07 Entering / Leaving Parking Space				07 Not Applicable			
08 Equipment / Vehicle Defect				08 Equipment / Vehicle Defect				08 Properly Parked				08 Shipping Papers			
77 All Other (Explain in Narrative)				77 All Other (Explain in Narrative)				09 Improperly Parked				09 Vehicle Side			
POINT OF COLLISION															
01 On Road				01 On Road				01 Straight Ahead				01 None			
02 Not On Road				02 Not On Road				02 Stopping / Stopped / Stalled				02 Farm			
03 Shoulder				03 Shoulder				03 Making Left Turn				03 Police Pursuit			
04 Median				04 Median				04 Backing				04 Recreational			
05 Turn Lane				05 Turn Lane				05 Making Right Turn				05 Emergency Operation			
WORK AREA															
01 None				01 None				06 Changing Lanes				06 Construction / Maintenance			
02 Nearby				02 Nearby				07 Entering / Leaving Parking Space				07 Not Applicable			
03 Entered				03 Entered				08 Properly Parked				08 Shipping Papers			
VEHICLE MOVEMENT															
01 Straight Ahead				01 Straight Ahead				09 Improperly Parked				09 Vehicle Side			
02 Stopping / Stopped / Stalled				02 Stopping / Stopped / Stalled				10 Making U-Turn				10 Driver			
03 Making Left Turn				03 Making Left Turn								10 Driver			
04 Backing				04 Backing								10 Driver			
05 Making Right Turn				05 Making Right Turn								10 Driver			
06 Changing Lanes				06 Changing Lanes								10 Driver			
07 Entering / Leaving Parking Space				07 Entering / Leaving Parking Space								10 Driver			
08 Properly Parked				08 Properly Parked								10 Driver			
09 Improperly Parked				09 Improperly Parked								10 Driver			
10 Making U-Turn				10 Making U-Turn								10 Driver			
VEHICLE SPECIAL FUNCTIONS															
01 None				01 None								01 None			
02 Farm				02 Farm								02 Farm			
03 Police Pursuit				03 Police Pursuit								03 Police Pursuit			
04 Recreational				04 Recreational								04 Recreational			
05 Emergency Operation				05 Emergency Operation								05 Emergency Operation			
06 Construction / Maintenance				06 Construction / Maintenance								06 Construction / Maintenance			
07 Not Applicable				07 Not Applicable								07 Not Applicable			
08 Shipping Papers				08 Shipping Papers								08 Shipping Papers			
09 Vehicle Side				09 Vehicle Side								09 Vehicle Side			
10 Driver				10 Driver								10 Driver			
11 Other				11 Other								11 Other			
PEDESTRIAN ACTION															
01 Crossing Not At Intersection				01 Crossing Not At Intersection								01 Crossing Not At Intersection			
02 Crossing at Mid-Block Crosswalk				02 Crossing at Mid-Block Crosswalk								02 Crossing at Mid-Block Crosswalk			
03 Crossing at Intersection				03 Crossing at Intersection								03 Crossing at Intersection			
04 Walking Along Road With Traffic				04 Walking Along Road With Traffic								04 Walking Along Road With Traffic			
05 Walking Along Road Against Traffic				05 Walking Along Road Against Traffic								05 Walking Along Road Against Traffic			
06 Working on Vehicle in Road				06 Working on Vehicle in Road								06 Working on Vehicle in Road			
07 Other Working in Road				07 Other Working in Road								07 Other Working in Road			
08 Standing/Playing in Road				08 Standing/Playing in Road								08 Standing/Playing in Road			
09 Standing in Pedestrian Island				09 Standing in Pedestrian Island								09 Standing in Pedestrian Island			
77 All Other (Explain in Narrative)				77 All Other (Explain in Narrative)								77 All Other (Explain in Narrative)			
LOCATION TYPE															
1 Primarily Business				1 Primarily Business								1 Primarily Business			
2 Primarily Residential				2 Primarily Residential								2 Primarily Residential			
3 Open Country				3 Open Country								3 Open Country			
FIRST/SUBSEQUENT HARMFUL EVENT(S)															
01 Collision With MV in Transport (Rear End)				01 Collision With MV in Transport (Rear End)								01 Collision With MV in Transport (Rear End)			
02 Collision With MV in Transport (Head On)				02 Collision With MV in Transport (Head On)								02 Collision With MV in Transport (Head On)			
03 Collision With MV in Transport (Angle)				03 Collision With MV in Transport (Angle)								03 Collision With MV in Transport (Angle)			
04 Collision With MV in Transport (Left Turn)				04 Collision With MV in Transport (Left Turn)								04 Collision With MV in Transport (Left Turn)			
05 Collision With MV in Transport (Right Turn)				05 Collision With MV in Transport (Right Turn)								05 Collision With MV in Transport (Right Turn)			
06 Collision With MV in Transport (Side/Swipe)				06 Collision With MV in Transport (Side/Swipe)								06 Collision With MV in Transport (Side/Swipe)			
07 Collision With MV in Transport (Backed Into)				07 Collision With MV in Transport (Backed Into)								07 Collision With MV in Transport (Backed Into)			
08 Collision With Parked Car				08 Collision With Parked Car								08 Collision With Parked Car			
09 Collision With MV on Roadway				09 Collision With MV on Roadway								09 Collision With MV on Roadway			
10 Collision With Pedestrian				10 Collision With Pedestrian								10 Collision With Pedestrian			
11 Collision With Bicycle				11 Collision With Bicycle								11 Collision With Bicycle			
12 Collision With Bicycle (Bike Lane)				12 Collision With Bicycle (Bike Lane)								12 Collision With Bicycle (Bike Lane)			
13 Collision With Moped				13 Collision With Moped								13 Collision With Moped			
14 Collision With Train				14 Collision With Train								14 Collision With Train			
15 Collision With Animal				15 Collision With Animal								15 Collision With Animal			
16 MV Hit Sign / Sign Post				16 MV Hit Sign / Sign Post								16 MV Hit Sign / Sign Post			
17 MV Utility Pole / Light Pole				17 MV Utility Pole / Light Pole								17 MV Utility Pole / Light Pole			
18 MV Hit Guardrail				18 MV Hit Guardrail								18 MV Hit Guardrail			
19 MV Hit Fence				19 MV Hit Fence								19 MV Hit Fence			
20 MV Hit Concrete Barrier Wall				20 MV Hit Concrete Barrier Wall								20 MV Hit Concrete Barrier Wall			
21 MV Hit Bridge/Pier/Abutment/Rail				21 MV Hit Bridge/Pier/Abutment/Rail								21 MV Hit Bridge/Pier/Abutment/Rail			
22 MV Hit Tree / Shrubbery				22 MV Hit Tree / Shrubbery								22 MV Hit Tree / Shrubbery			
23 Collision With Construction Barricade Sign				23 Collision With Construction Barricade Sign								23 Collision With Construction Barricade Sign			
24 Collision With Traffic Gate				24 Collision With Traffic Gate								24 Collision With Traffic Gate			
25 Collision With Crash Attenuators				25 Collision With Crash Attenuators								25 Collision With Crash Attenuators			
26 Collision With Fixed Object Above Road				26 Collision With Fixed Object Above Road								26 Collision With Fixed Object Above Road			
27 MV Hit Other Fixed Object				27 MV Hit Other Fixed Object								27 MV Hit Other Fixed Object			
28 Collision With Moveable Object On Road				28 Collision With Moveable Object On Road								28 Collision With Moveable Object On Road			
ROAD CONDITIONS AT TIME OF CRASH															
01 No Defects				01 No Defects								01 No Defects			
02 Obstruction Without Warning				02 Obstruction Without Warning								02 Obstruction Without Warning			
03 Obstruction With Warning				03 Obstruction With Warning								03 Obstruction With Warning			
04 Road Under Repair / Construction				04 Road Under Repair / Construction								04 Road Under Repair / Construction			
05 Loose Surface Materials				05 Loose Surface Materials								05 Loose Surface Materials			
06 Shoulders - Soft / Low / High				06 Shoulders - Soft / Low / High								06 Shoulders - Soft / Low / High			
07 Holes/Ruts/Uneven Paved Edge				07 Holes/Ruts/Uneven Paved Edge								07 Holes/Ruts/Uneven Paved Edge			
08 Standing Water				08 Standing Water								08 Standing Water			
09 Worn / Polished Road Surface				09 Worn / Polished Road Surface								09 Worn / Polished Road Surface			
77 All Other (Explain in Narrative)				77 All Other (Explain in Narrative)								77 All Other (Explain in Narrative)			
VISION OBSTRUCTED															
01 Vision Not Obscured				01 Vision Not Obscured								01 Vision Not Obscured			
02 Inclement Weather				02											

## NARRATIVE / DIAGRAM

DO NOT WRITE IN THIS SPACE

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS SECTION, NEIL KIRKMAN BUILDING, TALLAHASSEE, FL 32399-0500

Time EMS NOTED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	Time EMS ARRIVED (FATALITIES ONLY) <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE OF CRASH 10   04   08	COUNTY / CITY CODE 38 / 42	INVEST. AGENCY REPORT NUMBER 08-400904	HSMV CRASH REPORT NUMBER 76068730
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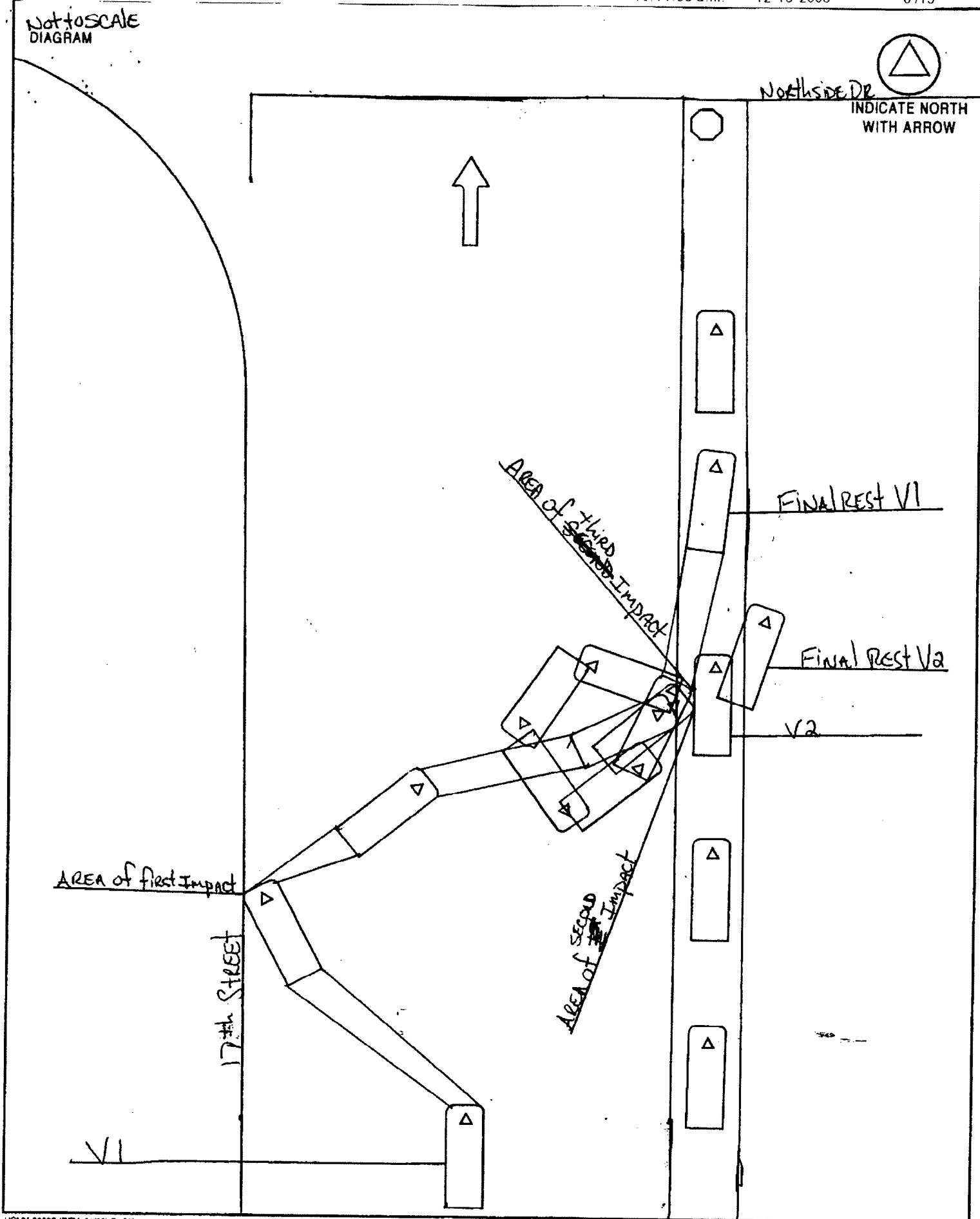
(NARRATIVE)

V1 was traveling northbound on 17th Street. V2 was legally parked on the 1000 block of 17th Street. V1 hit the curb on the left side of the street, traveled to the right side of the street and collided with V2. V1 spun and collided with V2 a second time. D1 of V1 exited the vehicle and fled the scene. D1 of V1 later returned to the scene where he attempted to flee upon our arrival, but the witness to the crash held D1 until we were able to detain him. D1 was issued two citations, Careless Driving and Crash- Leaving the scene without leaving information with property damage. There were no injuries. I checked other vehicles for damage, but did not find anything which indicated new damage relating to V1 on any vehicles in the area.

SEC#	PASS#	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT.

Violator(s)	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE	CITATION NUMBER

WITNESS NAME (1)		CURRENT ADDRESS	CITY & STATE	ZIP CODE	WITNESS NAME (2)		CURRENT ADDRESS	CITY & STATE	ZIP CODE
Justin Blanchard		1013 17th Street	Key West, FL	33040	305-923-3532				
FIRST AID GIVEN BY - NAME		1. Physician or Nurse 2. Paramedic or EMT 3. Police Officer 4. Certified 1st Aider 5. Other			INJURED TAKEN TO:		BY-NAME		
WAS INVESTIGATION MADE AT SCENE? 1 Yes 2 No		IF NO, THEN WHERE? 1		IS INVESTIGATION COMPLETE? 1 Yes 2 No		IF NO, THEN WHY? 1		DATE OF REPORT 10   04   08	
INVESTIGATOR - RANK & SIGNATURE		ID / BADGE NUMBER		DEPARTMENT		PHOTOS TAKEN 1 Yes 2 No		IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER	
2962/P82		Key West Police Department		RHP SO PD OTHER					

NOT TO SCALE  
DIAGRAMNORTHSIDE DR  
INDICATE NORTH  
WITH ARROW



# Key West Police Department

## Witness List

INCIDENT NATURE: S3NCASE NUMBER: 08-400904OCCURRED: Day: FRIDAYDate: 10-04-08Time: 0047

CODES:

S = Subject of Complaint

C = Complainant

W = Witness

O = Other

ADDRESS	Name: <u>RICHARD DANIEL LEWIS</u>	Age:	DOB: <u>02-14-90</u>	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>3722 CINDY AVE</u>				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name: <u>WAYNE RILEY</u>	Age:	DOB:	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>1009 17th ST</u>				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name: <u>JUSTIN BLANCHARD</u>	Age:	DOB:	Race: <u>W</u>	Sex: <u>M</u>
	Home: <u>1013 17th STREET</u>				Phone # <u>305-923-3532</u>
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				


ADDRESS	Name:	Age:	DOB:	Race:	Sex:
	Home:				Phone #
	Work:				Phone #
	Local:				Phone #
	If temporary, until when?				

INVESTIGATOR: Rank: Ofc Name: N REVOREDOID# 2962SIGNATURE: [Signature]Date: 10-04-08



DO NOT WRITE IN THIS SPACE

☒ UPDATE ☐ CONTINUATIONMAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH  
RECORDS, NEIL IRWINMAN BUILDING, TALLAHASSEE, FL 32309-0800

DATE OF CRASH 1 0 0 4 0 8		COUNTY/CITY CODE 38 / 42		INVEST. AGENCY REPORT NUMBER 08-400904		HSMV CRASH REPORT NUMBER 76068730	
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A	YEAR 3	MAKE CHEV	TYPE 03	USE 01	VEH. LICENSE NUMBER G060KF	STATE FL	VEHICLE IDENTIFICATION NUMBER 2GCCC14H9F1174348
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING ON AT NEW LEGALLY PARKED 17TH ST		Est. MPH 0	Posted Speed 25	EST. VEHICLE DAMAGE \$0	1. Disabling 2. Functional 3. No Damage 3	EST. TRAILER DAMAGE	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP) PROGRESSIVE				POLICY NUMBER 144424-4		VEHICLE REMOVED BY: LEFT @ SCENE	
NAME OF VEHICLE OWNER (Check Box If Same As Driver) JOHN E OPP		CURRENT ADDRESS (Number and Street) 1001 17TH STREET KEY WEST FL 330404234				CITY AND STATE ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)				CITY, STATE / ZIP CODE	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG PHYS. DEF. RES. RACE SEX INJ. S. EQUIP. EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		DRIVER'S PHONE NO.	
1 YES 2 NO		1 YES 2 NO		1 YES 2 NO		1 YES 2 NO	
DRIVER ACTION 1. Phantom 2. Hit & Run 3. N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE
TRAILER OR TOWED VEHICLE INFORMATION		MAKE		TRAILER TYPE			
VEHICLE TRAVELING ON AT NEW		Est. MPH	Posted Speed	EST. VEHICLE DAMAGE	1. Disabling 2. Functional 3. No Damage	EST. TRAILER DAMAGE	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)				POLICY NUMBER		VEHICLE REMOVED BY:	
NAME OF VEHICLE OWNER (Check Box If Same As Driver)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)				CITY AND STATE ZIP CODE	
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)				CITY, STATE / ZIP CODE	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)				CITY & STATE / ZIP CODE	
DRIVER LICENSE NUMBER		STATE	DL TYPE	REG. END.	ALC/DRUG TEST TYPE 1 Blood 3 Urine 5 None 2 Breath 4 Refused	RESULTS	ALC/DRUG PHYS. DEF. RES. RACE SEX INJ. S. EQUIP. EJECT.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		DRIVER'S PHONE NO.	
1 YES 2 NO		1 YES 2 NO		1 YES 2 NO		1 YES 2 NO	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE ZIP
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT	OWNER'S NAME		ADDRESS	CITY	STATE ZIP
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE	ZIP CODE	WITNESS NAME (2)	
CURRENT ADDRESS		CITY & STATE		ZIP CODE	CURRENT ADDRESS		
CITY & STATE		ZIP CODE		CITY & STATE			
ZIP CODE		ZIP CODE		ZIP CODE			
INVESTIGATION 1 Yes 2 No 1		INVESTIGATION 1 Yes 2 No 1		DATE OF REPORT 1 0 0 4 0 8		PHOTOS TAKEN 1 Yes 2 No 1	
INVESTIGATOR - SIGNATURE		ID/BADGE NUMBER 1598/S-26		DEPARTMENT KEY WEST POLICE DEPT		IF YES, BY WHOM? 1. INVESTIGATING AGENCY 2. OTHER	
INVESTIGATOR - SIGNATURE		ID/BADGE NUMBER		DEPARTMENT		P.P. SO PD OTHER	

CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECT		VEHICLE MOVEMENT		VEHICLE SPECIAL FUNCTIONS	
01 No Improper Driving / Action	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	01 No Defects	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	01 Straight Ahead	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>	1 None	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>
02 Careless Driving		02 Def. Brakes		02 Stopping / Stopped / Stalled		2 Fares	
03 Failed To Yield Right-of-Way		03 Worn / Shocks / Tires		03 Making Left Turn		3 Police Pursuit	
04 Improper Backing		04 Defective / Improper Lights		04 Backing		4 Reentry	
05 Improper Lane Change		05 Pedestrian / Obstructed		05 Making Right Turn		5 Emergency Operation	
06 Improper Turn		06 Pedestrian / Obstructed		06 Changing Lanes		6 Construction / Maintenance	
07 Altered - Under Influence		07 Blowing Mouth		07 Selecting / Loading Parking Space		7 Not Applicable	
08 Drugs - Under Influence		07 Windshield Wipers		08 Property Parked		2 Shipping Papers	
09 Alcohol & Drugs - Under Influence		08 Equipment / Vehicle Defect		08 Improperly Parked		3 Vehicle Side	
10 Followed Too Closely				10 Making U-Turn		4 Driver	
11 Disobeyed Traffic Signal			5 Other				
12 Exceeded Safe Speed Limit	18 Improper Load	POINT OF COLLISION		PEDESTRIAN ACTION		SOURCE OF CARRIER INFORMATION	
13 Disobeyed Stop Sign	20 Disobeyed Other Traffic Control	01 On Road	01 Crossing At Intersection	01 Not Applicable	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>		
14 Failed To Maintain Equip. / Vehicle	21 Driving Wrong Side / Way	02 Not On Road	02 Crossing at Mid-Block Crosswalk	2 Shipping Papers			
15 Improper Passing	22 Plowing Police	03 Shoulder	03 Crossing at Intersection	3 Vehicle Side			
16 Improper Laid Off Center	23 Vehicle Modified	04 Median	04 Walking Along Road With Traffic	4 Driver			
17 Exceeded Stated Speed Limit	24 Driver Distraction (Explain in Narrative)	05 Turn Lane	05 Walking Along Road Against Traffic	5 Other			
18 Obstructing Traffic	77 All Other (Explain in Narrative)		06 Working on Vehicle in Road				
			07 Other Working in Road				
			08 Standing in Pedestrian Island				
			77 All Other (Explain in Narrative)				
			88 Unknown				

FIRST/SUBSEQUENT HARMFUL EVENT(S)			
01 Collision With MV in Transport (Rear End)	15 Collision With Animal	29 MV Ran Into Object/Culvert	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div>
02 Collision With MV in Transport (Head On)	16 MV Hit Sign / Sign Post	30 Ran Off Road Into Water	
03 Collision With MV in Transport (Angle)	17 MV Utility Pole / Light Pole	31 Overturned	
04 Collision With MV in Transport (Left Turn)	18 MV Hit Guardrail	32 Occupant Fell From Vehicle	
05 Collision With MV in Transport (Right Turn)	19 MV Hit Fence	33 Tractor/Trailer Jackknifed	
06 Collision With MV in Transport (Side-swing)	20 MV Hit Concrete Barrier Wall	34 Fire	
07 Collision With MV in Transport (Blocked Into)	21 MV Hit Bridge/Pier/Abutment/Pile	35 Explosion	
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway	
09 Collision With MV on Roadway	23 Collision With Construction Barbed Wire Sign	37 Cargo Load or Shift	
10 Collision With Pedestrian	24 Collision With Traffic Sign	38 Separation of Units	
11 Collision With Bicycle	25 Collision With Crash Attenuators	39 Median Crossover	
12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)	
13 Collision With Moped	27 MV Hit Other Road Object		
14 Collision With Tractor	28 Collision With Movable Object On Road		

## (ADDITIONAL NARRATIVE)

Predicate: On October 4th 2008 at 1240AM Police units were sent to a hit & run in the area of 1000 17th St. I also responded to the scene

I responded to 17th St in regards to a follow-up crash investigation regarding the fire mentioned. I arrived and met with the reporting person, Mr. Opp. Mr. Opp provided the following statement:

- Stated his vehicle was pushed three (3) feet from where it was originally parked. In fact, the impact was, "so great I could not start my truck"

- Had re-ordered his bumper previously (date unknown) due to having been rear-ended in the past

- Called his insurance company to make a claim

## Investigation:

The vehicle reportedly damaged is an older model pickup truck with extensive damage to the rear portion of the vehicle, especially the rear bumper. Damage is old since there is corrosion present (so bad that portions of the bumper have

disintegrated). The bumper also has extensive "Bondo" repair and crush See photos 1-6 for further relevance. Tailights were intact but unknown if operational. Truck has an "Automatic" transmission and was in "Park" when I viewed it.

## ADDITIONAL PASSENGERS

SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.
SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.
SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.
SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.
SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.
SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.
SECTION	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ.	S. EQUIP.	EJECT.

Violator(s)	SECTION#	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER



FIRST/SUBSEQUENT HARMFUL EVENT(S)		
01 Collision With MV in Transport (Rear End)	16 Collision With Animal	29 MV Ran Into Object/Obvert
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05 Collision With MV in Transport (Right Turn)	18 MV Hit Person	33 Tractor/Trailer Jackknifed
06 Collision With MV in Transport ( Sideswipe)	20 MV Hit Concrete Barrier Wall	34 Fire
07 Collision With MV in Transport (Backed Into)	21 MV Hit Bridge/Pier/Abutment/Rail	35 Explosion
08 Collision With Parked Car	22 MV Hit Tree / Shrubbery	36 Downhill Runaway
09 Collision With MV on Roadway	23 Collision With Construction Backside Sign	37 Cargo Loss or Shift
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12 Collision With Bicycle (Bike Lane)	26 Collision With Fixed Object Above Road	77 All Other (Explain in Narrative)
13 Collision With Moped	27 MV Hit Other Fixed Object	
14 Collision With Train	28 Collision With Movable Object On Road	

Investigating the rear bumper I could not find any new damage. Nor could I locate a "debris field" underneath. (See photos 4 & 5). Since a good portion of the bumper was "Bondooed" a good portion would have been broken off in the impact. Mr. Opp said the vehicle was pushed for "Three feet" but I could not locate any drag marks underneath the rear wheels (photo 6) nor could I match any type of crush consistent with his statement.

Photos 7 & 8 show distinct yaw marks left by vehicle 1 (V1) in the initial report. After impact with vehicle 2 (V2) V1 was redirected westerly coming to rest in the roadway. These yaw marks are approximately 5 feet away from where the pickup was parked and show no further impact or redirect.

**Photos (8) are attached to the report and the cd was placed into our Property/Evidence**

ADDITIONAL PASSENGERS												
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	- -				INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	- -				INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	- -				INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	- -				INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	DATE OF BIRTH	RACE	SEX	LOC	INJ	S. EQUIP.	EJECT
SEC	PASS	PASSENGER'S NAME	CURRENT ADDRESS	CITY & STATE	ZIP CODE	- -				INJ	S. EQUIP.	EJECT

Violator(s)	SECTION#	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER
	SECTION#	NAME OF VIOLATOR	FL. STATUTE NUMBER	CHARGE	CITATION NUMBER

## KEY WEST POLICY DEPARTMENT

Key West, FL

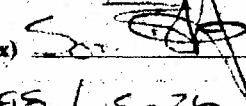
## PROPERTY RECEIPT

Check ONLY ONE:	<input type="radio"/> Trial Evidence	<input checked="" type="radio"/> Lab Evidence	<input type="radio"/> Found Property
<input type="radio"/> Prisoner Property	<input type="radio"/> Safekeeping (Return)	<input type="radio"/> Stolen/Recovered	<input type="radio"/> For Destruction

CASE NUMBER: 02-40004	DATE/TIME IMPOUNDED: 10/14/08 @ 1923	
EXACT ADDRESS WHERE PROPERTY WAS IMPOUNDED: 117th St. K.W. Fort	TYPE OF CASE: CRASH	
CODES: S = SUSPECT A = ARRESTEE V = VICTIM O = OWNER R = REPORTING PERSON		<input type="radio"/> Felony <input type="radio"/> Misdemeanor

CODE	NAME (LAST, FIRST, MIDDLE)	RACE	SEX	DOB	ADDRESS	PHONE
O	KUPP				1604 N. ...	305 ...

ITEM #	QUANTITY/WEIGHT/COUNT	DESCRIPTION (including identifying marks, serial number, color, etc.)
I	1	CS w/ Photos

HOLD REQUESTED - REQUESTING PERSON/PURPOSE: <input checked="" type="radio"/> YES Investigation <input type="radio"/> NO		FORFEITURE/SEIZED? <input type="radio"/> YES <input checked="" type="radio"/> NO		NCIC CHECK? <input type="radio"/> YES <input checked="" type="radio"/> NO	
I hereby acknowledge that the above list represents all property taken from my possession and that I have received a copy of this receipt. (Please read the information on the back of this sheet for an explanation of your rights according to law.)			I hereby acknowledge that the above represents all property impounded by me in the official performance of my duty as a Key West Police Officer.		
Signature (x):			Impounding Officer (x) 		
			Employee ID# 1558 / S-26		
Received By:	Reason:	Date/Time Received:			
Received By:	Reason:	Date/Time Received:			
Received By:	Reason:	Date/Time Received:			
Received By:	Reason:	Date/Time Received:			
Received By:	Reason:	Date/Time Received:			

WHITE COPY - Person surrendering property

YELLOW COPY - Property Division

PINK COPY - Records

BLUE COPY - Officer's Copy



## Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO  
S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

## Individual Summary Page



DL/ID Number

Class

Status

E

VALID

JOHN E OPP

1001 17TH STREET

KEY WEST FL 330404234

All Addresses On File

Date of Birth

Sex

Height

State Of Birth

02-03-79

M

5'05

Arizona

Restrictions

Endorsements

Issue Date

Duplicate  
Date

Expiration Date

09-27-04

03-05-08

02-03-11

Johna

Opp

SSN

Form Number

T710803050065

Conditional Messages:

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
View	JH27B1009FS	MOTORCYCLE	BLACK	MOTOR SCOOTER	HONDA	09-07-05	227294595
View	2GCCC14H9F1174348	AUTO	YELLOW	PICKUP	CHEVROLET	08-02-06	230536178
View	JH2TB100XGS100478	MOTORCYCLE	RED	MOTOR SCOOTER	HONDA	08-10-07	232913545
View	JH2TB1008FS000121	MOTORCYCLE	BLACK	MOTOR SCOOTER	HONDA	06-14-07	232913590
View	JN2TB1000FS000355	MOTORCYCLE	BLACK	MOTOR SCOOTER	HONDA	06-19-08	235869231

Driver License Transactions								
Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp

View	O100465790430	03-05-08	09-27-04	03-05-08 16:26:43	DL	Duplicate	None	Lost
View	O100465790430	05-03-07	09-27-04	05-03-07 10:24:03	RCT	Reinstatement	None	
View	O100465790430	09-27-04	09-27-04	09-27-04 09:30:51	DL	Original	None	
View	O100465790430	09-22-04	09-22-04	09-22-04 10:39:21	RCT	No Issuance	None	
View	O100465790430	09-21-04	09-21-04	09-21-04 09:29:37	RCT	No Issuance	None	
View	O100465790430	05-24-04	05-24-04	05-24-04 11:22:38	ID	Original	None	
View	O100465790430	05-20-98	05-20-98	05-20-98 12:14:01	ID	Original	None	

[Historical Driver License Activity](#)[Vehicle Insurance](#)[Previous Vehicles](#)[Photo Array](#)[Signature Array](#)[New Search](#)[Main Menu](#)

A SAFER  
**FLORIDA**  
HIGHWAY SAFETY AND MOTOR VEHICLES

## Driver And Vehicle Information Database (DAVID)

DIGITAL IMAGES ARE RESTRICTED TO LAW ENFORCEMENT USE PURSUANT TO  
S. 322.142(4), FLORIDA STATUTES - IMAGES INCLUDE PHOTOGRAPHS AND SIGNATURES

### Individual Summary Page

Emergency Contact Information

DL/ID Number

Class

Status

E

VALID

**RICHARD DANIEL LEWIS**  
3722 CINDY AVE  
KEY WEST FL 330404408

All Addresses On File

Date of Birth  
02-14-90

Sex  
M

Height  
6'00

State Of Birth  
Delaware

Restrictions

Endorsements

Issue Date  
06-12-07

Duplicate  
Date  
08-26-08

Expiration Date  
02-14-14

SSN

Form Number  
T710808260004



*Richard Daniel Lewis*

#### Conditional Messages:

UNDER 21 UNTIL: 02/14/2011 SAFE DRIVER

Vehicle Information							
Record	VIN	Type	Color	Body	Make	Acquired Date	Reg
<a href="#">View</a>	3FAKP1139WR231898	AUTO	BLUE	2 DOOR	FORD	04-22-08	47521432

Driver License Transactions								
Record	DL/ID Number	Transaction Date	Issue Date	Update Time	Lic Type	Issue Type	Change Type	FL Disp
<a href="#">View</a>	L200744900540	08-26-08	06-12-07	08-26-08 10:49:25	DL	Replacement	None	Surrendered
<a href="#">View</a>	L200744900540	08-26-08	06-12-07	08-26-08 10:39:18	EXO	Exam Only	None	
<a href="#">View</a>	L200744900540	06-12-07	06-12-07	06-12-07	LL	Original	None	

				15:12:25				
View	L200744900540	04-12-01	04-12-01	04-12-01 15:00:59	ID	Original	None	

Press Here for Supporting ID documents FOR OFFICIAL INVESTIGATIONS ONLY

Historical Driver License Activity

Vehicle Insurance

Previous Vehicles

Photo Array

Signature Array

New Search

Main Menu



Citizen Review Board  
City of Key West Florida  
Executive Director's Memo

TO: Lt. David Smith  
FROM: Stephen Muffler, Esquire  
DATE: 12/09/08  
RE: CRB Agenda for 12/22/08

---

Attached please find the agenda for the above referenced CRB meeting. Also enclosed please find the respondent officers' notices. **Would you please forward these notices to the individual officers so that they are aware of this upcoming meeting?** It would be desirable for a representative from your office attend this meeting to help address the Board's specific questions on any files or procedures. Please note that all of the Board materials are now available for yourself or the respondent officer's to view on the CRB website.

## **AGENDA**

Citizen Review Board Meeting  
Old City Hall, 510 Greene Street

**Monday, December 22, 2008**

**6:00 p.m.**

1. CALL THE MEETING TO ORDER
2. ROLL CALL
3. PLEDGE OF ALLEGIANCE
4. APPROVAL OF MINUTES:
  - a. December 8, 2008
5. TRACKING CHART REVIEW
6. CONTINUED OR NEW BUSINESS
  - a. Review File: Jessica Smith—CRB# 08-008; &
  - b. Review File: John Opp – CRB# 08-011
7. COUNSEL'S REPORT
8. CHAIRMAN'S REPORT
9. BOARD MEMBERS REPORT/GENERAL COMMENTS
10. EXECUTIVE DIRECTOR'S REPORT
  - a. Update-Status of Proposed Working Agreement between CRB & KWPD;
  - b. Status of Omar Brown (CRB Case #07-011) Limited Investigation;
  - c. Status of Securing IA's List of 2008 Files (summaries & filing dates & resolution of files);
  - d. Monthly Meetings between CRB Executive Director & Chief 1<sup>st</sup> Tuesdays of every month at **10:00 a.m.** in the year 2009 to improve CRB & KWPD communications; &
  - e. Monthly Meetings between CRB Executive Director & IA staff 1<sup>st</sup> Tuesdays of every month at **9:00 a.m.** in the year 2009 to improve CRB & KWPD communications.
11. PSO/IA COMMENTS/FOLLOW-UP
  - a. Status of IA Internal Investigation list for 2008 (see items 10(c));
  - b. Dialog between Board and IA as to how to handle 45/180 day time limits in the future
12. PUBLIC INPUT
13. MEDIA AND PRESS QUESTIONS
14. ADJOURNMENT





Citizen's Review Board  
City of Key West Florida  
Executive Director's Memo

TO: Officer Frank Blasberg  
FROM: Stephen Muffler, Esquire  
DATE: 12/09/08  
RE: CRB Complaint #08-011/John Opp

---

Attached please find a copy of the proposed Agenda for the CRB meeting to be held at 6:00 p.m. at the Old City Hall on December 22, 2008. One or more of the Board Members and/or the Executive Director as placed the above referenced file on the Agenda for discussion. You are a respondent in this file and are invited to attend this meeting to help clarify the matter to the Board members. You are under no obligation to attend nor speak to the Board, but your input on the matter would be carefully weighed and would assist the Board in reaching a fair and just recommendation. You may attend personally, via a union representative or through legal counsel.

# **AGENDA**

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13. MEDIA AND PRESS QUESTIONS
14. ADJOURNMENT



## CITY OF KEY WEST

Citizen Review Board

P.O. Box 1946

Key West, FL 33041

Ph: (305) 809-3887

Fax: (305) 293-9827

December 9, 2008

Mr. John E. Opp  
1001 17<sup>th</sup> Street  
Key West, FL 33040

**VIA HAND DELIVERY**

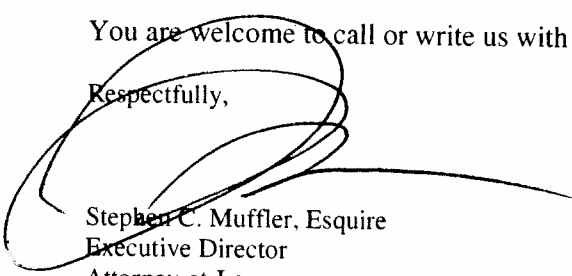
Complaint File: **CRB No. 08-011**  
**KWPD-IA File Number: (to be assigned)**

Dear Mr. Opp:

Please be advised that one or more Board members and/or the Executive Director of the Citizen Review Board has placed the above referenced matter on the Agenda for the December 22, 2008 meeting at Old City Hall starting at 6:00 p.m. Enclosed please find the proposed agenda for that meeting. It would helpful if you and/or your representative could attend this meeting to help the Board reach a fair and just recommendation. Please advise this office of any further evidence that would support your claims of unprofessional conduct by the subject officer(s) mentioned in your complaint.

You are welcome to call or write us with any questions you may have.

Respectfully,

  
Stephen C. Muffler, Esquire  
Executive Director  
Attorney-at-Law  
cc: File

# **AGENDA**

Citizen Review Board Meeting  
Old City Hall, 510 Greene Street

**Monday, December 22, 2008**

**6:00 p.m.**

1. CALL THE MEETING TO ORDER
2. ROLL CALL
3. PLEDGE OF ALLEGIANCE
4. APPROVAL OF MINUTES:
  - a. December 8, 2008
5. TRACKING CHART REVIEW
6. CONTINUED OR NEW BUSINESS
  - a. Review File: Jessica Smith—CRB# 08-008; &
  - b. Review File: John Opp – CRB# 08-011
7. COUNSEL'S REPORT
8. CHAIRMAN'S REPORT
9. BOARD MEMBERS REPORT/GENERAL COMMENTS
10. EXECUTIVE DIRECTOR'S REPORT
  - a. Update-Status of Proposed Working Agreement between CRB & KWPD;
  - b. Status of Omar Brown (CRB Case #07-011) Limited Investigation;
  - c. Status of Securing IA's List of 2008 Files (summaries & filing dates & resolution of files);
  - d. Monthly Meetings between CRB Executive Director & Chief 1<sup>st</sup> Tuesdays of every month at **10:00 a.m.** in the year 2009 to improve CRB & KWPD communications; &
  - e. Monthly Meetings between CRB Executive Director & IA staff 1<sup>st</sup> Tuesdays of every month at **9:00 a.m.** in the year 2009 to improve CRB & KWPD communications.
11. PSO/IA COMMENTS/FOLLOW-UP
  - a. Status of IA Internal Investigation list for 2008 (see items 10(c));
  - b. Dialog between Board and IA as to how to handle 45/180 day time limits in the future
12. PUBLIC INPUT
13. MEDIA AND PRESS QUESTIONS
14. ADJOURNMENT